

College of Physicians and Surgeons of New Brunswick
CONSULTATION/REFERRAL GUIDELINE

REFERRAL REQUEST AND ACKNOWLEDGEMENT

This is a note to request a referral for patient:

Name: _____ DOB: _____ Medicare No: _____

Phone: _____ Email: _____

*Preferred: Phone Email (consent)

Reason(s) for referral:

Additional notes on this patient:

This is an urgent referral: Yes No

The following patient information is included in this referral:

- Pertinent patient history/medical notes Recent specialist consultation reports, if available, and any tests that have been done
 Recent blood work and lab reports
 Relevant radiology reports Other: _____

Following this, we request that your office contact the patient to inform them of their appointment date and time and any necessary steps they must take before their appointment. Should you have any issues communicating with the patient, please let us know.

Please inform our office if you will be able to see this patient, as well as the expected wait time.

Sincerely,

Dr. _____ DATE OF REFERRAL: _____

On receipt, please sign the portion below and return to our office

This is to acknowledge that our office has received your referral for the above patient.

Dr. _____ will be reviewing the patient's referral paperwork, then triage the patient to be scheduled.

If accepted, our office will contact the patient to inform them of their appointment date and time, what to expect during their appointment, and any necessary steps they must take beforehand.

All patients are scheduled based on urgency. Our wait list is generally _____

Sincerely,

Dr. _____ Date received: _____

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REFERRAL RESPONSE

Date of response: _____

This is a referral response for patient:

Name: _____ DOB: _____

This patient has been accepted: Yes

Date of appointment: _____

Time of appointment: _____

No

Reason(s): _____

Note: We require the following documents. Please send to us ASAP:

- _____
- _____
- _____

We will inform the patient of their appointment date and time, and of any necessary steps they must take before their appointment.

Sincerely,

Dr. _____