

LIONS GATE HOSPITAL - EMERGENCY DEPARTMENT REFERRAL
Triage Desk: Fax - 604.984.5841

PATIENT DETAILS		
NAME:	M <input type="checkbox"/> F <input type="checkbox"/>	
DOB:		
PHN:		
DATE:	ESTIMATED TIME OF ARRIVAL:	
REFERRING TO: <input type="checkbox"/> ED PHYSICIAN <input type="checkbox"/> OTHER:	FAMILY MD:	
REFERRING MD:	PHONE #:	BILLING #:
<input type="checkbox"/> EHS DIRECT FROM SCENE <input type="checkbox"/> MD OFFICE <input type="checkbox"/> TRANSFER FROM FACILITY? Name: _____		

CLINICAL INFORMATION
REASON FOR REFERRAL:
PRESUMED DIAGNOSIS:
PERTINENT PMHx:
MEDS:
ALLERGIES:
VITAL SIGNS: GCS: _____ BP: _____ HR: _____ RR: _____ SaO ₂ (On O ₂ ?) _____
TREATMENT GIVEN:
<input type="checkbox"/> Airway/Breathing: _____
<input type="checkbox"/> IV: _____
<input type="checkbox"/> Medications Given: _____
<input type="checkbox"/> Other: _____

Date of Call:	Time of Call:	Taken by:
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PLEASE ATTACH ANY RECENT CONSULTS, EKG'S OR LABS

Our intent is to have your patient's complete information arrive by fax at the TRIAGE DESK to help improve patient care and flow.

If you feel a conversation with the EMD is warranted, please call Emergency at 604-984-5982