## CANCER CARE TBCC

- Alberta Blood and Marrow Transplant Program .......................................................... 7
- Alberta Thoracic Oncology Program - South ................................................................. 9
- TBCC Colposcopy ........................................................................................................ 10
- TBCC Rehabilitation Oncology ..................................................................................... 11
- TBCC Tumour Groups ................................................................................................... 13
- TBCC Breast Tumour Group ......................................................................................... 15
- TBCC Cutaneous Tumour Group ................................................................................... 16
- TBCC Gastrointestinal (GI) Tumour Group ................................................................. 17
- TBCC Genitourinary (GU) Tumour Group ................................................................... 19
- TBCC Gynecology Tumour Group ................................................................................. 21
- TBCC Head & Neck Tumour Group ............................................................................... 23
- TBCC Hematology Tumour Group ................................................................................. 24
- TBCC Lung Tumour Group ............................................................................................ 26
- TBCC NeuroOncology Tumour Group ......................................................................... 27
- TBCC Pain & Palliative Tumour Group ....................................................................... 28
- TBCC Sarcoma (Musculoskeletal) Tumour Group ...................................................... 29

## CARDIAC CARE

- Adult Congenital Heart Clinic ....................................................................................... 31
- Atrial Fibrillation Clinic .................................................................................................. 32
- Cardiac Arrhythmia Clinic ............................................................................................. 33
- Cardiac Device Clinic (Pacemaker & ICD) ................................................................... 34
- Cardiac Function Clinics ................................................................................................ 35
- Cardiac Navigation Clinic (CNC) .................................................................................. 37
- Connective Tissue Clinic ............................................................................................... 39
- Hypertrophic Cardiomyopathy Clinic ........................................................................... 41
- Rapid Access Cardiology Clinic (RACC™) ................................................................. 42
CLINICAL NEUROSCIENCES
Amyotrophic Lateral Sclerosis (ALS) / Motor Neuron Disease Clinic ................................. 43
Brain Injury (Rehabilitation) Clinic ................................................................. 44
Cognitive Neurosciences Clinic (CNC) ....................................................... 45
General Neurology (GNC) ................................................................. 47
Movement Disorders Clinic (MDC) ...................................................... 49
Multiple Sclerosis (MS) Clinic .............................................................. 51
Neuromuscular Clinic (NMC) .............................................................. 54
Neurovestibular Clinic (SHC) .............................................................. 56
Seizure Clinic ................................................................. 57
Stroke Prevention Clinic ................................................................. 58
Urgent Neurology Clinic (UNC) ......................................................... 59

HOME & COMMUNITY CARE
C3 Program: Comprehensive Community Care for the Frail Elderly ......................... 60
Home Care ................................................................. 62
Long Term Care ................................................................. 64
Supportive Living Level 3 ................................................................. 66
Supportive Living Level 4 / Level 4 Dementia ........................................... 68

MEDICAL GENETICS
Cancer Genetics Clinic ................................................................. 70
Cardiovascular Genetics Clinic ................................................................. 71
Connective Tissue Disorders Clinic ................................................................. 72
General Genetics and Dysmorphology ................................................................. 73
Inherited Metabolic Disorder Clinic (IMDC) ........................................... 74
Neurogenetics Clinic ................................................................. 75
Ophthalmology Genetics Clinic ................................................................. 76
Prenatal Genetics Clinic ................................................................. 77
# MEDICAL SERVICES

- Access Mental Health: Addiction & Mental Health Services ........................................... 79
- Alberta Healthy Living Program ..................................................................................... 81
- Calgary Ambulatory Lymphedema Service (CALS) ......................................................... 84
- Calgary Headache Assessment & Management Program .................................................. 85
- Chronic Pain Centre ......................................................................................................... 88
- Complex Chronic Disease Management Clinic ............................................................... 89
- Diabetes, Hypertension & Cholesterol Centre ................................................................. 90
- Endocrinology & Metabolism - Adult .............................................................................. 92
- Gastroenterology Central Access & Triage ...................................................................... 94
- General Internal Medicine ............................................................................................... 95
- Hematology .................................................................................................................... 97
- Hepatology ..................................................................................................................... 102
- Nephrology .................................................................................................................... 104
- PADIS Medical Toxicology Clinic .................................................................................... 106
- Pulmonary ....................................................................................................................... 108
- Rheumatology ............................................................................................................... 109
- Senior’s Health & Geriatric Medicine ............................................................................ 111
- Sleep Centre .................................................................................................................. 115
- Southern Alberta HIV Clinic (SAC) ............................................................................... 116
- Vascular Risk Reduction Program .................................................................................. 117

# PALLIATIVE / END OF LIFE CARE

- Grief Support Program .................................................................................................. 118
- Residential Hospice ....................................................................................................... 119
- Palliative Care Consult Service ....................................................................................... 121
- Urban Palliative Home Care Team .................................................................................. 123
**TABLE OF CONTENTS**

### PEDIATRICS
- Augmentative Communication & Educational Technology (ACETS) .................................. 125  
- Brachial Plexus Program .......................................................... 126  
- Dr. Gordon Townsend Rehabilitation & Education Program ........................................... 127  
- Infant Cranial Remodeling Program / Head Shape Clinic .............................................. 128  
- Movement Assessment Centre .......................................................... 129  
- Neurology Program ........................................................................ 130  
- Neuromotor Program ...................................................................... 132  
- Neuromuscular Program ................................................................. 133  
- Neurosciences Adolescent Transition Program (NAPT) ................................................... 134  
- Neuro Rehabilitation Program ........................................................... 135  
- Orthotics ....................................................................................... 136  
- Pediatric Gastroenterology, Hepatology & Nutrition ....................................................... 137  
- Seating Service ............................................................................. 138  

### SURGICAL SERVICES
- Hepatopancreaticobiliary (HPB) ................................................................................... 139  

### WOMEN’S HEALTH
- Calgary Breast Health Clinic ....................................................................................... 140  
- Colposcopy Program ......................................................................................... 141  
- Early Pregnancy Loss Clinic .................................................................................... 142  
- Gynecology Clinic(s) ......................................................................................... 143  
- High Risk Breast Cancer Clinic .............................................................................. 144  
- Obstetrical Clinic(s) ......................................................................................... 146  
- Pelvic Floor Clinic ......................................................................................... 147  
- Pregnancy and Infant Loss Program ........................................................................ 149
The purpose of the Specialty Specific Referral Guidelines is to efficiently communicate all of the information, tests and investigations required to triage patients appropriately.

The referral guidelines also provide referring physicians with an approximate timeline in which a patient will be seen depending on the reason for referral.

All clinics, centres, groups, services and programs, etc. that are open for patient referral are organized by specialty. For each clinic, group, service or program etc. the following information is provided:

- The triage categories and reason for referral ***
- A description/and or examples of referral urgency or symptoms
- Process for referral (e.g. specific fax or phone numbers)
- Information, tests, and investigations required to triage the patient***
- Additional subspecialty requirements

*** NOTE: This information is required when submitting a referral.
The Alberta Blood and Marrow Transplant Program will receive the following referrals from within the province of Alberta for the adult population. When a referral is made for family HLA typing or allogeneic transplant, the recipient (patient) has to complete all family HLA typing forms for nominal information related to siblings, spouse, children, and parents.

The Alberta Blood and Marrow Transplant Program will receive referrals from within the province of Alberta.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>URGENT</td>
<td>ALLOGENEIC TRANSPLANT</td>
<td>Fax referral to Intake Team: Patients in Southern Alberta: 403-270-0782 Patients in Northern Alberta: 780-989-4343</td>
<td>&lt; 8 WEEKS (ONCE A DONOR IS IDENTIFIED, IF APPLICABLE)</td>
</tr>
<tr>
<td></td>
<td>• Relapsed acute leukemia in remission</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• High cytogenetics risk acute leukemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Acute leukemia requiring &gt;1 cycle chemotherapy to achieve remission</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• CMML-2 or RAEB-2, CML AP or CP2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• MDS with evidence of transformation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Myelofibrosis in transformation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Severe aplastic anemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>AUTOLOGOUS TRANSPLANT</td>
<td>Fax referral to Intake Team: Patients in Southern Alberta: 403-270-0782 Patients in Northern Alberta: 780-989-4343</td>
<td>&lt; 8 – 16 WEEKS (ONCE A DONOR IS IDENTIFIED, IF APPLICABLE)</td>
</tr>
<tr>
<td></td>
<td>• Lymphoblastic or Burkitt lymphoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Relapsed Hodgkins lymphoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Relapsed aggressive lymphoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEMI URGENT</td>
<td>ALLOGENEIC TRANSPLANT</td>
<td>Fax referral to Intake Team: Patients in Southern Alberta: 403-270-0782 Patients in Northern Alberta: 780-989-4343</td>
<td>&lt; 8 – 16 WEEKS (ONCE A DONOR IS IDENTIFIED, IF APPLICABLE)</td>
</tr>
<tr>
<td></td>
<td>• Acute leukemia in first complete remission without high-risk cytogenetics</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Transfusion-dependent MDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Acute leukemia not in remission</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Lymphoblastic or Burkitt lymphoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>AUTOLOGOUS TRANSPLANT</td>
<td>Fax referral to Intake Team: Patients in Southern Alberta: 403-270-0782 Patients in Northern Alberta: 780-989-4343</td>
<td>&lt; 8 – 16 WEEKS (ONCE A DONOR IS IDENTIFIED, IF APPLICABLE)</td>
</tr>
<tr>
<td></td>
<td>• Multiple myeloma</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Relapsed indolent lymphoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Acute leukemia in remission</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Relapsed germ cell tumour</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Alberta Blood and Marrow Transplant Program

**PH 403-521-3528**

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROUTINE</td>
<td>ALLOGENEIC TRANSPLANT</td>
<td>Fax referral to Intake Team:</td>
<td>&gt; 16 WEEKS</td>
</tr>
<tr>
<td></td>
<td>• CLL or indolent NHL</td>
<td>Patients in Southern Alberta:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Hodgkins lymphoma</td>
<td>403-270-0782</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Multiple myeloma</td>
<td>Patients in Northern Alberta:</td>
<td>780-989-4343</td>
</tr>
<tr>
<td></td>
<td>• Chronic myeloid leukemia, resistant or intolerant to TKI’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUTOLOGOUS TRANSPLANT</td>
<td>• Severe autoimmune diseases: Crohn’s, scleroderma, multiple sclerosis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### REFERRAL REQUIREMENTS

- Summary of medical and treatment history
- Co-morbidity information
- Symptom information
- Race: (If patient’s parents are from more than one of the following groups, check applicable groups) i.e. Caucasian / White; Black; East Indian; Asian/Pacific Islander; Hispanic; Native North American; Unknown; Other (indicate)
- Indicate Type of Referral: Clearly indicate in summary of medical and treatment history
  - Family HLA Typing only
  - Allogeneic transplant
  - Autologous transplant
  - BM/PBSC collection
  - 2nd Opinion

### SPECIFIC TESTS / INVESTIGATIONS

(Except for Family HLA Typing)*

- Results for HLA typing (if done) Include all typing results: patient and siblings (match or not)
- Pathology reports
- Bone marrow reports
- Chemotherapy records (include induction, consolidation and intrathecal)
- Radiation therapy records
- Radiology reports (CT, PET, CXR, u/s, echo, etc.)
- Recent blood work (include hematology, coagulation, chemistry and virology)
- LDH at diagnosis and latest result

*1) Indicate all pending results; 2) Referrals within TBCC, please do not duplicate any information that can be found in the chart; 3) Referrals within CCI, please do not duplicate any information that can be found on Aria.

### FAMILY HLA TYPING

For a referral specific to Family HLA typing only, provide the following:

- Summary of medical and treatment history

When a referral is made for family HLA typing or allogeneic transplant, the recipient (patient) must complete the "Family Human Leukocyte Antigen (HLA) Typing Referral Form-Sibling" for each sibling’s demographic identifiers for registration purposes.

### LABORATORY

Under no circumstances should HLA typing requisitions be handed out to the recipient for distribution to family members. This will be coordinated by an intake registered nurse who will also obtain consent from the potential donor for disclosing the results to the transplant physician and the recipient. This process is mandatory per legislation and cellular therapy accreditation standards.
The Alberta Thoracic Oncology Program (ATOP) supports responsive diagnosis, staging and investigation of suspected lung malignancies. To accomplish this, a team of radiologists, respirologists, thoracic surgeons, nurse practitioners (NP) and clerks work together to evaluate this patient group. Referrals received are reviewed by a NP who initiates the intake of information and preliminary evaluation of patients. Patients are booked into clinic to see the NP, respirologist, or thoracic surgeon; typically within 5-10 working days from referral.

**TRIAGE**

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| **EMERGENT** | • hemoptysis (100 ml or more in less than 24 hours)  
• SVC syndrome  
• dyspnea at rest  
• neurological symptoms | Call 9-1-1 or proceed to nearest Emergency Department | SAME DAY |
| **URGENT** | • suspected symptomatic lung cancer  
• minor hemoptysis (100 ml or less/24 hours)  
• mediastinal lymphadenopathy with suspicion of lymphoma  
• symptomatic pleural effusion  
• chest wall mass | FX 403-944-8848 | < 7-14 DAYS |
| **SEMI URGENT** | • solitary pulmonary nodule (asymptomatic) | FX 403-944-8848 | < 14-28 DAYS |
| **NON URGENT** | • assessment of subcentimeter lung nodules | FX 403-944-8848 | 4-8 WEEKS |

**REFERRAL REQUIREMENTS**

**MANDATORY TESTS / INVESTIGATIONS**

- complete medical/surgical history
- smoking history
- complete medication list including oxygen/anticoagulation
- allergies
- CT chest

**RELEVANT SYMPTOMS**

- Any considered relevant by referring physicians such as hemoptysis, pain, breathlessness and/or weight loss

**IF AVAILABLE**

- all relevant current testing within 3 months
- current blood work including CBC, PTT/INR, electrolytes, calcium, liver function tests, and creatinine
- previous spirometry or pulmonary function testing reports
- all relevant historical radiological investigations
- REQUIRED: CD if from out of province / territory
- chest imaging reports & CD if not available on Alberta Netcare
- echocardiograms and other prior cardiac consultation or testing
TBCC Colposcopy 403-698-8031

Please fax demographics, history and physical and all histopathology reports to the Colposcopy clinic. Once received we will contact your office with an appointment date and time.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>URGENT</td>
<td>• PAP Smear - squamous cell carcinoma</td>
<td>Colposcopy clinic / Clerk</td>
<td>1 WEEK</td>
</tr>
<tr>
<td></td>
<td>• PAP - adenocarcinoma</td>
<td>403-698-8031</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• PAP - Other malignant types</td>
<td>Colposcopy Nurse</td>
<td>403-698-8025</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Colposcopy Fax</td>
<td>403-228-1076</td>
</tr>
<tr>
<td>SEMI URGENT</td>
<td>• ASC-H - atypical squamous cells – cannot exclude HSIL</td>
<td>1 MONTH</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• HSIL – high grade squamous intraepithelial lesion (CIN 2-3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Atypical glandular cells adenocarcinoma in situ</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Abnormal appearing cervix – regardless of PAP smear findings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROUTINE</td>
<td>• LSIL – low grade squamous intraepithelial lesion – 2 paps at least 6 months apart over 2 years</td>
<td>4 MONTHS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• ASC-US (any type) – Atypical squamous cells of undetermined significance - 2 paps at least 6 months apart over 2 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Genital warts</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REFERRAL REQUIREMENTS

COMORBIDITY INFORMATION
• Previous genital warts
• Infectious disease – sexual transmitted agents
• Any other concurrent medical problem
• Concurrent pregnancy
• Therapeutic abortion, D&C or ablation within past 4 weeks

TESTS / INVESTIGATIONS
• Histopathological reports – for any surgical procedure, biopsy, or cytology – PAP Smear
• History & physical
• All related DI – reports
• All relevant consultation reports

Note: Colposcopy Clinic is a diagnostic service

SYMPTOM INFORMATION
• Abnormal appearing cervix
• Abnormal vaginal bleeding
• Provide any considered relevant by the referring physician
Specialized rehabilitation oncology services, including physiotherapy and occupational therapy, in an outpatient setting for issues related to cancer or cancer-treatment. Includes cancer-related lymphedema management. Attendance at the monthly lymphedema education class is strongly recommended prior to referring "Routine" clients for an individual assessment. Physician referral is required for assessment/treatment.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>URGENT</td>
<td>• Palliative clients</td>
<td>FX 403-476-2457</td>
<td>&lt; 1 WEEK</td>
</tr>
<tr>
<td></td>
<td>• ROM restrictions delaying radiation</td>
<td>For more information</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Weeping lower legs at risk for infection</td>
<td>PH 403-476-2448</td>
<td></td>
</tr>
<tr>
<td>ROUTINE</td>
<td>• Secondary, cancer-associated lymphedema of arms, legs, trunk, and/or breast</td>
<td>SHELDON M. CHUMIR HEALTH CENTRE</td>
<td>DEPENDENT ON VOLUME</td>
</tr>
<tr>
<td></td>
<td>• Rehabilitation issues related to cancer or cancer treatments, such as radiation fibrosis, axillary webbing/cording, ROM/strength/function restrictions, pain, fatigue, deconditioning.</td>
<td>PH 403-955-6054 FX 403-955-6910</td>
<td></td>
</tr>
<tr>
<td>NOT SEEN</td>
<td>• Non-cancer related lymphedema referrals are now seen at the Calgary Ambulatory Lymphedema Clinic.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REFERRAL REQUIREMENTS

COMORBIDITY INFORMATION
- Cancer history, including type and staging, recurrence, metastases, present status
- Surgical history, including # and status of lymph nodes, post-op complications
- Treatment history, chemo and radiation
- Cellulitis history and treatments
- Any kidney dysfunction
- Diabetes
- Cognitive impairment
- CHF
- Obesity(provide BMI)
- Osteoporosis
- Peripheral neuropathy
- History of DVT

SYMPTOM INFORMATION
- History of the swelling
- Pain
- Neurological symptoms
- Allergies, esp. latex, any creams
- Axillary web syndrome
- Radiation or adhesive capsulitis
- Shortness of breath or orthopnea

IF AVAILABLE TESTS / INVESTIGATIONS
- ABPI/TBPI results for affected lower limb
- Any pathology and/or relevant imaging reports
- WBC and differentiation, hemoglobin, and albumin levels
- Suspected DVT must be ruled out with Doppler ultrasound
- Active infection/ cellulitis must be treated and resolving
TBCC Rehabilitation Oncology

SERVICES WILL INCLUDE

- Specialized outpatient assessment/consultation for cancer-associated lymphedema management by physiotherapist &/or occupational therapist.
- Provision and application of compression bandages.
- Manual lymph drainage, as appropriate.
- Teaching regarding management of lymphedema, skin care, and exercises.
- Assessment for appropriate compression garments / systems.
- AADL authorizations for appropriate compression sleeves/stockings and /or reduction systems and other appropriate ADL equipment.
- Up to ten (10) treatment sessions incorporating the above techniques, or as otherwise deemed appropriate by the treating therapist
- Lymphedema education class available monthly
- Occupational/physiotherapy assessments and appropriate treatments for conditions related to the cancer or cancer treatments. Examples are:
  - Radiation capsulitis
  - Axillary webbing/cording
  - Decreased ROM/function
  - Fatigue
  - Pain
  - Spinal accessory nerve dysfunction
  - Decreased mobility
  - Deconditioning/weakness
- Written communication following assessment will be sent to referring physicians.
All referrals to TBCC are triaged and booked through an intake process.

**All tumour group referrals should be faxed to TBCC Triage**, with the exception of routine medical/radiation oncology referrals to lung cancer and breast cancer.

Cancer centres are now participating in the first phase of eReferral, allowing routine medical/radiation oncology referrals for breast and lung cancer to be sent electronically. eReferral functionality is incorporated into the Alberta Netcare Portal. It allows you to view details and track the status of your referrals. eReferral using Alberta Netcare is recommended. To access eReferral, please visit: Alberta Netcare Portal.

For routine referrals to medical and radiation oncology for lung cancer and breast cancer, please use eReferral.

Appointments with TBCC cannot be booked without the appropriate pathology report. Please ensure that the pathology report requirements for individual tumour groups are met prior to submitting the referral.

Please note that if the condition of your patient changes to inpatient status after a new referral to the Tom Baker Cancer Centre, please contact the main referral number so that we may assist in determining the best timing and location for their first appointment.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMERGENT</td>
<td>• Superior vena cava syndrome</td>
<td>Send patient to Emergency Room and then page oncologist on call: 403-944-1110</td>
<td>SAME DAY</td>
</tr>
<tr>
<td></td>
<td>• Raised intracranial pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Life threatening respiratory difficulty</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Refer to Appendix X for presenting features/symptoms; Reason for urgency;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Associated tumour types; Action; Management.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Spinal cord compression</td>
<td>If patient known to TBCC: page appropriate oncologist on call (medical, radiation, surgical, gynecological): 403-944-1110</td>
<td>SAME DAY</td>
</tr>
<tr>
<td></td>
<td>• Electrolyte abnormalities</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Hypercalcemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Malignant bowel obstruction</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Potential upper airway obstruction</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Febrile neutropenia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Refer to Appendix for Oncologic Emergency Guidelines including presenting</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>features/symptoms; Reason for urgency; Associated tumour types; action;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>management.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For triage category details of specific TBCC Tumour Groups, see relevant Tumour Group guidelines.
# TBCC Tumour Groups

<table>
<thead>
<tr>
<th>REFERRAL REQUIREMENTS</th>
<th>ADDITIONAL REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide all relevant</td>
<td>For referral requirements of specific TBCC Tumour Groups, see relevant Tumour Group guidelines.</td>
</tr>
<tr>
<td>• Pathology reports</td>
<td>To expedite the service provided to the patient, please ensure that the pathology report requirements for individual Tumour Groups are met prior to submitting the referral.</td>
</tr>
<tr>
<td>• Diagnostic imaging</td>
<td>Please note that the patient must be notified of referral prior to submission of referral to TBCC.</td>
</tr>
<tr>
<td>• Lab work</td>
<td></td>
</tr>
</tbody>
</table>
TBCC Breast Tumour Group  PH 403-521-3722

REFERRAL PROCESS

Alberta has provincial referral requirements for confirmed breast cancer referrals.

For provincial referral information click or visit www.ahs.ca/pathways

For routine referrals to medical and radiation oncology for breast cancer, please use eReferral. To access eReferral, please visit: Alberta Netcare Portal.

For emergent referrals (See EXCLUSIONS BELOW), please refer directly to the emergency department or contact RAAPID line for triage assistance/direct discussion with oncologist.

EMERGENT REFERRALS

- Patients requiring urgent radiotherapy
  » Spinal cord compression
  » Significant hemoptysis (>100ml/24 hours)
  » Symptomatic central airway obstruction
  » Symptomatic brain metastases
- Symptomatic visceral disease involvement

For all emergencies, refer directly to the emergency department

OR

CONTACT RAAPID

South: 1-800-661-1700 or 403-944-4486

PATIENTS SHOULD ONLY BE REFERRED TO THE CANCER CENTRE WHEN THEY HAVE A CONFIRMED DIAGNOSIS OF CANCER (i.e. pathology)

TO OBTAIN TISSUE PATHOLOGY / CYTOLOGY

Please refer to the listed service. If there are clinical reasons as to why this is not possible please contact the Cancer Centre and ask to speak to the on call physician

Provincial Breast Health Referral Quick Reference
www.ahs.ca/assets/info/hp/arp/if-arp-breast-health-qr.pdf
Please note that if the condition of your patient changes to inpatient status after a new referral to the Tom Baker Cancer Centre, please contact the main referral number so that we may assist in determining the best timing and location for their first appointment.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| EMERGENT        | • Brain Metastases with history of cancer  
• Spinal Cord Compression | Go to nearest Emergency  
Refer to Oncological Emergency Guidelines in Appendix | SAME DAY |
| URGENT          | • Painful bone metastases  
• Symptomatic Metastases | Mark referral “urgent”  
Fax referral to TBCC Central Access & Triage: 403-521-3245  
Call triage coordinator to discuss: 403-521-3928 | 1 WEEK |
| ROUTINE         | • New or recurrent Melanoma  
• Non-Melanoma skin cancer referred by Specialist | Fax referral to TBCC Central Access & Triage: 403-521-3245 | 1 - 2 WEEKS |

**REFERRAL REQUIREMENTS**

**Mandatory Tests / Investigations**
- Histopathological reports – for any surgical procedures, biopsy, fine needle aspirate, surgery
- Any OR reports for node dissection
- History and Physical (inpatients)
- Discharge Summary (inpatients)
- All lab work done in previous month

**If Available Tests / Investigations**
- Chest X-ray – report, films if abnormal
- Ultrasound – report and films – abdomen
- CT Scans – report and films/disc if not on PACS
- All other related DI – reports and films
- Consultation notes

**Co-Morbidity Information**
- Any other concurrent medical problem.

**Symptom Information**
- Any considered relevant by the referring physician
Please note that if the condition of your patient changes to inpatient status after a new referral to the Tom Baker Cancer Centre, please contact the main referral number so that we may assist in determining the best timing and location for their first appointment.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMERGENT</td>
<td>• Uncontrolled Bleeding from Bowel</td>
<td>If patient not known to TBCC – Go to nearest Emergency</td>
<td>SAME DAY (EMERGENCY)</td>
</tr>
<tr>
<td>URGENT</td>
<td>• Colorectal Cancers:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Rectal Cancer, resectable pre-operative therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Esophageal Cancer, resectable pre-operative therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Anal Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEMI URGENT</td>
<td>• Colorectal cancer Metastases</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pancreatic Cancer - unresected</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Esophageal Cancer - unresected</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Gastric Cancer Metastases</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Symptomatic Palliative radiation for metastases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROUTINE</td>
<td>• Post-operative Adjunctive Colorectal Cancers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Rectal Cancer, high risk stage 2 &amp; 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Colon Cancer, stage 3 and high risk 2 (T4, poor differentiation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Gastric Cancer, Stage 1B to IVA – postoperative adjunct</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pancreatic Cancer – post-operative therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pancreatic Cancer Palliative</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
REFERRAL REQUIREMENTS

MANDATORY TESTS / INVESTIGATIONS

- Histological confirmation of GI Malignancy is required
- Histopathological reports – for any surgical procedure, biopsy
- Any relevant OR reports for surgery for primary tumor (current or previous), biopsy and definitive surgery
- Colonoscopy/endoscopy – of done earlier, 2-3 years, do not send report
- Endorectal Ultrasound – report
- History & Physical (inpatients)
- Discharge Summary (inpatients)
- Ultrasound – Report – rectal, liver, abdomen;
- CT Scans – chest, abdomen, pelvis, – report and films/disc
- Bone Scan – report, films/disc
- All other related DI reports and films

IF AVAILABLE TESTS / INVESTIGATIONS

- Barium Enema – report and films/disc
- Upper GI – report and films/disc
- Barium Swallow – report and films/disc

CO-MORBIDITY INFORMATION

- Infectious diseases
- Liver disease
- Any other concurrent medical problem

SYMPTOM INFORMATION

- Any considered relevant by the referring physician
Please note that if the condition of your patient changes to inpatient status after a new referral to the Tom Baker Cancer Centre, please contact the main referral number so that we may assist in determining the best timing and location for their first appointment.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| **EMERGENT**    | • Spinal cord compression | Refer to Oncological Emergency Guidelines in Appendix  
Go to Emergency | SAME DAY |
| **URGENT**      | • Lymph node positive or metastatic testicular cancer  
• Uncontrolled hematuria secondary to renal cell carcinoma or TCC of urogenital tract | Fax referral to TBCC Central Access & Triage: 403-521-3245  
Notify GU Triage coordinator to discuss 403-521-3148 | 1 WEEK |
| **SEMI URGENT** | • Localized Bladder Cancer-preoperatively for neoadjuvant chemotherapy  
• Localized high risk prostate cancer | Fax referral to TBCC Central Access & Triage: 403-521-3245 | 1 – 2 WEEKS |
| **ROUTINE**     | • Renal cell Carcinoma-any stage  
• Bladder Cancer post resection  
• Metastatic Bladder Cancer  
• Localized low risk and intermediate risk prostate cancer  
• Penile cancer-any stage  
• Resected testicular seminoma requiring RT/ Surveillance | | 2 - 4 WEEKS |
TBCC Genitourinary (GU) Tumour Group

**REFERRAL REQUIREMENTS**

**ALL REFERRALS**
- Comorbidity information
  - Renal Dysfunction/disease
  - Any other concurrent medical problems
- Relevant symptom information
- Histopathological reports relating to any surgical/biopsy procedures.
- Any relevant OR reports (TURP, orchidectomy, prostatectomy, lymphadenectomy), surgery for primary tumor (current and previous), inpatient discharge summaries, history, and physical.
- If transferring from another cancer clinic/facility, copies of all patient documentation.

**GENITOURINARY – PROSTATE**
- PSA Tumor Markers – recent and old
- Ultrasound report and film
- Bone Scan report and film
- CT scan report and film if available

**GENITOURINARY – TESTICULAR**
- AFP and BHCG Tumor Marker – pre and post operative
- Chest X-ray report
- CT scan report and film – abdomen, pelvis, chest
- Ultrasound report – scrotal

**GENITOURINARY – BLADDER**
- Operative report – cystoscopy
- CT Scans report and films
- Bone Scans report and films

**RENAAL**
- CT Scans report and films
- Ultrasound report and films
- Bone Scan report and films
TBCC Gynecology Tumour Group

Please note that if the condition of your patient changes to inpatient status after a new referral to the Tom Baker Cancer Centre, please contact the main referral number so that we may assist in determining the best timing and location for their first appointment.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMERGENT</td>
<td>• Gestational trophoblastic neoplasms (GTN)</td>
<td>Fax referral to TBCC Central Access &amp; Triage: 403-521-3245</td>
<td>48 HOURS</td>
</tr>
</tbody>
</table>
| URGENT           | • New ovarian, peritoneal, fallopian cancer diagnosis  
                  • High grade endometrial cancer  
                  • New diagnosis cervical cancer  
                  • Pelvic mass - NYD | Call triage coordinator to discuss: 403-521-3083 | 1 WEEK |
| SEMI URGENT      | • New diagnosis of recurrent cancer  
                  • Vulvar cancer  
                  • Vaginal cancer  
                  • New endometrial cancer – low grade  
                  • Follow-up post-op Gyne cancer diagnosis elsewhere – eg. Endometrial cancer after surgery if further Rx required  
                  • Second opinion re: cancer management from another gyn oncologist | Fax referral to TBCC Central Access & Triage: 403-521-3245 | 1 – 2 WEEKS |
| ROUTINE          | • Follow up transfer patients from another cancer centre  
                  • High surgical risk technical skills | Before referral - Call gynecologic oncologist to discuss: 403-521-3721 | 4 WEEKS |
# TBCC Gynecology Tumour Group

**PH 403-521-3083**

## Referral Requirements

<table>
<thead>
<tr>
<th>Comorbidity Information</th>
<th>Symptom Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Infectious diseases</td>
<td>• Provide any considered relevant by referring physician</td>
</tr>
<tr>
<td>• Cardiac disease</td>
<td></td>
</tr>
<tr>
<td>• Any other concurrent medical problem</td>
<td></td>
</tr>
</tbody>
</table>

## Mandatory Tests / Investigations

- Histological confirmation of gynecological malignancy is required, unless pelvic mass with features of malignancy, include CA 125 and pelvic exam
- Histopathological reports – for any surgical procedure, biopsy, or cytology – PAP Smear
- Operative reports for primary tumour (current or previous), biopsy, definitive surgery – hysterectomy, D&C, salpingo-oophorectomy, vulvectomy, laparoscopy
- History & Physical (inpatients)
- Discharge Summary (inpatients)
- All lab work done within 1 month of visit – CA-125, BHCG
- Imaging of any pelvic mass - report
- If known cardiac disease - ECG & ECHO results within 3 months
- All Consultation reports

## If Available Tests / Investigations

- CT Scans – abdomen, pelvis – reports
- Ultrasounds reports/films
- Chest X-ray report/films
- All related DI – Reports and films/disc if not on PACS
Please note that if the condition of your patient changes to inpatient status after a new referral to the Tom Baker Cancer Centre, please contact the main referral number so that we may assist in determining the best timing and location for their first appointment.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| **EMERGENT**    | • Airway obstruction due to cancer  
                  • Spinal cord compression  
                  • Uncontrolled bleeding or pain | Refer to Oncological Emergency Guidelines in Appendix  
Airways obstruction, page ENT surgeon on call  
Cord compression, bleeding, pain  
Page Rad Onc on call | SAME DAY - EMERGENCY |
| **URGENT**      | • All invasive head & neck cancer is considered urgent and will be seen within 2 weeks | Fax referral to TBCC Central Access & Triage: 403-521-3245 | 2 WEEKS |
| **ROUTINE**     | • Benign conditions such as schwannoma, glomus tumours, fibroma | | 4 WEEKS |

**REFERRAL REQUIREMENTS**

**COMORBIDITY INFORMATION**  
• Any other concurrent medical problem

**SYMPTOM INFORMATION**  
• Provide any considered relevant by the referring physician.

**IF AVAILABLE TESTS / INVESTIGATIONS**  
• Chest X-ray – report and films/disc if not on PACS  
• CT Scans – chest and head - report and films/disc if not on PACS  
• All other related DI – reports and films  
• Indicate date and location of imaging studies. If ordered but not done, indicate date/location of imaging to be done. For scans that are not available on the Calgary Health Region PACS server, a CD Rom containing the images should be sent to TBCC from the outside radiology department  
• Consultation reports

**MANDATORY TESTS / INVESTIGATIONS**  
• Histological confirmation of malignancy is required.  
• *Histological confirmation may be waived prior to TBCC consult under certain circumstances, i.e. inaccessible tumour location, poor patient condition (please indicate reason on referral form).  
• Histopathological reports – for any surgical procedure, biopsy, either fine needle aspirate or excisional biopsy.  
• Operative reports to include surgeries for primary tumour – current or previous.  
• History and physical (inpatients).  
• Discharge summary (inpatients).  
• All lab work done in previous month & pre-operative.
Please note that if the condition of your patient changes to inpatient status after a new referral to the Tom Baker Cancer Centre, please contact the main referral number so that we may assist in determining the best timing and location for their first appointment.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| **EMERGENT**    | • Hematological malignancy with:  
|                 |   ○ Superior vena cava syndrome  
|                 |   ○ Malignant bowel obstruction  
|                 |   ○ Spinal cord compression  
|                 |   ○ Hydronephrosis and renal failure  
|                 |   ○ Hypercalcemia  
|                 |   ○ Severe cytopenias ANC <0.5, platelets <20, Hb <70  
|                 | • New diagnosis of  
|                 |   ○ acute leukemia (new blasts on CBC or blood smear) or  
|                 |   ○ highly aggressive lymphoma (burkitt, lymphoblastic)  
|                 | • Any bulky aggressive-lymphoma at risk for tumour lysis syndrome | Patient to be sent to emergency room at FMC or PLC | 24 HOURS |
| **URGENT**      | • Severe symptoms (eg. drenching night sweats, >10% weight loss, fevers, pruritis, pain, dyspnea, other) in setting of:  
|                 |   ○ lymphoma  
|                 |   ○ myeloma  
|                 |   ○ chronic myelogenous leukemia  
|                 |   ○ chronic lymphocytic leukemia | Fax referral to TBCC Central Access & Triage: 403-521-3245 | 1 WEEK |
| **SEMI URGENT** | • New or relapsed diagnosis, without distressing severe symptoms:  
|                 |   ○ lymphoma  
|                 |   ○ myeloma  
|                 | • Bone marrow transplant consult for active aggressive malignancy | Fax referral to TBCC Central Access & Triage: 403-521-3245 | 2 WEEKS |
## TBCC Hematology Tumour Group

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| ROUTINE         | • New or relapsed diagnosis, without distressing symptoms:  
º chronic myelogenous leukemia  
º chronic lymphocytic leukemia  
• Bone marrow transplant consult for indolent malignancy, or aggressive malignancy currently in remission  
• Any hematological malignancy currently in remission  
• Second opinion consults or transfers from other centers | Fax referral to TBCC Central Access & Triage: 403-521-3245 | 4 WEEKS |

## REFERRAL REQUIREMENTS

### COMORBIDITY INFORMATION
- Infectious disease
- Liver disease
- Any other concurrent medical problem

### MANDATORY TESTS / INVESTIGATIONS
- History and physical (inpatients) – current symptoms, questionable emergent conditions, co-morbidities, pulmonary emboli
- Lab – CBC, chemistry
- CT – chest, abdomen, pelvis – lymphoma patients – order at time of referral
- Histopathological report from excisional biopsy by surgeon
- Severe unexplained pancytopenia or severe cytopenias – current and comparison old CBC & differential results
- Set up test/investigations as done for hematology

### IF AVAILABLE TESTS / INVESTIGATIONS
In addition to consultation notes and pathology reports, please include copy of other tests.

### LEUKEMIA:
- AML/ ALL - peripheral blood smear and HLA typing if potential stem cell candidate, PT, PTT, fibrinogen
- CLL – include serum protein electrophoresis, quantitative immunoglobulins: IgG, IgA, IgM, B-2 – microglobulin, flow cytometry of peripheral blood for B-cell immunophenotyping (CD5, CD19, CD23, Smlg)

### LYMPHOMA:
- CT scan neck, chest, abdomen, pelvis
- Acute lymphoma - serum protein electrophoresis, B-2 – microglobulin,
- Hodgkin’s – same as acute lymphoma plus ESR if stage I – II

### MYELOMA AND PLASMA CELL NEOPLASMS:
- Skeletal survey
- Serum protein electrophoresis, quantitative immunoglobulins: IgG, IgA, IgM, B-2 – microglobulin, C-reactive protein
- Routine urinalysis, 24 hour urine protein electrophoresis
TBCC Lung Tumour Group

PH 403-521-3722

REFERRAL PROCESS

Alberta has provincial referral requirements for confirmed lung cancer referrals.

For provincial referral information click or visit www.ahs.ca/pathways

For routine referrals to medical and radiation oncology for lung cancer, please use eReferral. To access eReferral, please visit: Alberta Netcare Portal.

For emergent referrals (See EXCLUSIONS BELOW), please refer directly to the emergency department or contact RAAPID line for triage assistance/direct discussion with oncologist.

EMERGENT REFERRALS

- Spinal cord compression
- Malignant hypercalcemia (symptomatic)
- Significant hemoptysis (>100ml/24 hours)
- Symptomatic central airway obstruction
- Clinically significant superior vena cava obstruction

For all emergencies, refer directly to the emergency department

OR

CONTACT RAAPID

South: 1-800-661-1700 or 403-944-4486

PATIENTS SHOULD BE REFERRED TO THE CANCER CENTRE WHEN THEY HAVE A CONFIRMED DIAGNOSIS OF CANCER

FOR DIAGNOSTIC BIOPSY SUPPORT OR CURATIVE INTENT SURGERY:

Contact ATOP:

If there are clinical reasons as to why this is not possible please contact the cancer centre and ask to speak to the on call physician

Alberta Thoracic Oncology Program
Foothills Medical Centre, Health Sciences Centre, Area 6B, 1403 29 Street NW, Calgary, Alberta T2N 2T9
Tel 403-944-1774 Fax 403-944-8848
Please note that if the condition of your patient changes to inpatient status after a new referral to the Tom Baker Cancer Centre, please contact the main referral number so that we may assist in determining the best timing and location for their first appointment.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| EMERGENT        | • Raised intracranial pressure  

• Life threatening neurological changes as a result of brain tumour | Activate EMS and go to closest emergency | SAME DAY EMERGENCY |
| URGENT          | • Glioblastoma multiforme  

• Grade 3 glioma | Referred by CHR neurosurgical Nurse Clinician  

Fax referral to TBCC Central Access & Triage: 403-521-3245 | 1 – 2 WEEKS |
| SEMI URGENT     | • Grade 2 glioma | Fax referral to TBCC Central Access & Triage: 403-521-3245 | 2 – 3 WEEKS |
| ROUTINE         | • Pilocytic tumour  

• Meningioma – requiring non-surgical treatment | | 4 WEEKS |

**REFERRAL REQUIREMENTS**

**COMORBIDITY INFORMATION**

• History – seizures, focal neurological deficits  

• Infectious disease  

• Any other concurrent medical problem  

• Detail medication including decadron and anti-epileptic dose

**SYMPTOM INFORMATION**

• Provide any considered relevant by the referring physician

**MANDATORY TESTS / INVESTIGATIONS**

• Histological confirmation is required  

• Histopathological reports – any surgical procedure  

• Surgery report – primary tumor, including all neurosurgery  

• History & physical – inpatient  

• Discharge summary – inpatient  

• All recent lab work – including drug levels  

• All related DI – report, films  

• All relevant medical and surgical consultations
Please note that if the condition of your patient changes to inpatient status after a new referral to the Tom Baker Cancer Centre, please contact the main referral number so that we may assist in determining the best timing and location for their first appointment.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMERGENT</td>
<td>• Spinal cord compression</td>
<td>Go to Emergency</td>
<td>SAME DAY</td>
</tr>
<tr>
<td></td>
<td>• Uncontrolled severe symptoms – rated 9-10/10</td>
<td>Cord compression refer to Oncological Emergency Guidelines in appendix</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Delirium – acute onset confusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>URGENT</td>
<td>• Poorly controlled pain – rated 7-8/10</td>
<td>Fax referral to TBCC Central Access &amp; Triage: 403-521-3245</td>
<td>1 WEEK</td>
</tr>
<tr>
<td></td>
<td>• Poorly controlled symptoms including nausea &amp; constipation</td>
<td>Notify Pain &amp; Palliative Triage Coordinator of incoming referral:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Mild, unexplained cognitive impairment</td>
<td>403-521-3589</td>
<td></td>
</tr>
<tr>
<td>SEMI URGENT</td>
<td>• Moderate pain – rated 4-6/10</td>
<td>Fax referral to TBCC Central Access &amp; Triage: 403-521-3245</td>
<td>2 WEEKS</td>
</tr>
<tr>
<td></td>
<td>• Moderate symptoms such as nausea, constipation, fatigue, anorexia/cachexia,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>psychosocial, breathlessness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROUTINE</td>
<td>• Chronic mild pain – rating 1-3/10</td>
<td></td>
<td>4 WEEKS</td>
</tr>
<tr>
<td></td>
<td>• Mild symptoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• End of life planning</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REFERRAL REQUIREMENTS

COMORBIDITY INFORMATION
• Any other concurrent medical problem

SYMPTOM INFORMATION
• Pain & symptoms and treatments already tried to manage these.
• Provide any considered relevant by the referring physician.

IF AVAILABLE TESTS / INVESTIGATIONS
• All relevant DI – reports and films
• Consultation notes

MANDATORY TESTS / INVESTIGATIONS
• List of symptom control medications – past & present
• Histological confirmation of malignancy
• Histopathological reports – for any surgical procedures, biopsy, or cytology
• Any operative reports for primary tumour (current or previous), biopsy and definitive surgery
• History and physical (inpatients)
• Discharge summary (inpatients)
• All lab work done in previous month
• The pain & palliative tumour group does not treat chronic non-malignant pain
Please note that if the condition of your patient changes to inpatient status after a new referral to the Tom Baker Cancer Centre, please contact the main referral number so that we may assist in determining the best timing and location for their first appointment.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EMERGENT</strong></td>
<td>• Spinal cord compression</td>
<td>Refer to Oncological Emergency Guidelines in Appendix</td>
<td>24 HOURS</td>
</tr>
<tr>
<td><strong>URGENT</strong></td>
<td>• Biopsy proven high grade soft tissue sarcomas</td>
<td>Mark referral “urgent”</td>
<td>2 WEEKS</td>
</tr>
<tr>
<td></td>
<td>• Rapidly growing or large soft tissue mass without tissue diagnosis</td>
<td>Fax referral to TBCC Central Access &amp; Triage: 403-521-3245</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Ewings</td>
<td>Call triage coordinator to discuss if necessary: 403-521-3176</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Osteosarcoma</td>
<td>or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Rhabdomyosarcoma</td>
<td>Clinic at: 403-521-3169</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Symptomatic metastases</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Neo-Adjuvant pre-operative</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• chemotherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SEMI URGENT</strong></td>
<td>• Unresectable or metastatic, progressive, symptomatic GIST</td>
<td>Fax referral to TBCC Central Access &amp; Triage: 403-521-3245</td>
<td>2 - 4 WEEKS</td>
</tr>
<tr>
<td></td>
<td>• Post operative soft tissue sarcomas with positive margins</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ROUTINE</strong></td>
<td>• Biopsy proven desmoid tumours</td>
<td></td>
<td>4 WEEKS</td>
</tr>
<tr>
<td></td>
<td>• Post operative soft tissue sarcomas with negative margins</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Adjuvant chemotherapy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## TBCC Sarcoma (Musculoskeletal) Tumour Group

### PH 403-521-3589

### REFERRAL REQUIREMENTS

<table>
<thead>
<tr>
<th>COMORBIDITY INFORMATION</th>
<th>MANDATORY TESTS / INVESTIGATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Any other concurrent medical problem</td>
<td>• Consultation letter with specific reason for referral.</td>
</tr>
</tbody>
</table>

| SYMPTOM INFORMATION | | • History and physical. |
|---------------------|--------------------------|
| • Provide any considered relevant by the referring physician. | • Histopathological reports for any surgical procedures, biopsies. |

| IF AVAILABLE TESTS / INVESTIGATIONS | | • Any operative reports for primary tumour (current or previous), biopsy and definitive surgery. |
|-------------------------------------|--------------------------|
| • Histopathological confirmation of sarcoma malignancy. | • Discharge summary if hospitalized. |
| • All consultation reports. | • Ewings, osteosarcoma, rhabdomyosarcoma, & biopsy proven high grade sarcomas require CT chest and local imaging within 4 weeks of appointment. |
| • Reports and disks for chest x-rays, CT scans, MRI scans and other relevant diagnostic imaging done within past 6 months. | • All lab work done in previous month. |
| • All current & past imaging must be on disk – unless on PACS. | |
The Adult Congenital Heart Clinic sees patients with structural defects of the heart and great vessels.

Services include initial consultation as well as interval clinical and cardiac imaging follow up; management of cardiac medications; ongoing patient education and counseling regarding physical activity and lifestyle; coordination of appropriate specialist referrals.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| URGENT          | Symptoms of cardiac decompensation  
|                 | New onset of heart failure or rhythm abnormalities  
|                 | Worsening symptoms following recent hospitalization  
|                 | Pregnancy | Call clinic for all urgent referrals:  
|                 |          | 403-943-4504 | 1 WEEK |
|                 |          | AND |         |
|                 |          | Fax all referral information to 403-291-6814 |         |
| ROUTINE         | Diagnosed or suspected structural heart disease | Fax referral information to 403-291-6814 | 8 WEEKS |

**REFERRAL REQUIREMENTS**

**MANDATORY TESTS / INVESTIGATIONS**
- Patient demographics
- If followed previously at pediatric congenital heart clinic:
  - Last clinic note
  - All cardiac operative and interventional reports
  - Most recent echo
  - Cardiac catheterization
  - MRI
  - CT
  - Stress test
  - Holter monitor

**IF AVAILABLE TESTS / INVESTIGATIONS**
- Copies of any specialist consults
- Most recent echo, MRI, CT, cardiac catheterization, ecg, stress test, holter monitor
- Most recent chest x-ray, pulmonary function tests
- Most recent blood work results
Atrial Fibrillation Clinic is focused on the management of patients with documented atrial fibrillation and /or atrial flutter. It offers relatively rapid access to cardiac arrhythmia specialists using a shared model for patient care. The nurses work under direct supervision of the clinic physicians, who are responsible for patient care within the AF clinic. The AF clinic is not a general cardiology clinic. All patients are offered the opportunity to attend a general information class to learn about AF. The patient will be discharged from the AF clinic when they are stable on their medications.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROUTINE</td>
<td>• Clinic accepts referrals from all physicians.</td>
<td>FX 403-944-3580</td>
<td>VARIABLE</td>
</tr>
<tr>
<td></td>
<td>• Every patient requires a family physician for ongoing care.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REFERRAL REQUIREMENTS

MANDATORY TESTS / INVESTIGATIONS

- Must have documented atrial fibrillation via 12 lead ECG, ECG strip, Holter monitor, or event recorder.
- Fax completed referral with all supporting documentation such as ECG, holter, exercise stress test, rhythm strip.
Cardiac Arrhythmia Clinic PH 403-944-4632

Cardiac Arrhythmia Clinic deals with symptomatic heart rhythm abnormalities, other than atrial fibrillation or rhythms requiring a pacemaker.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROUTINE</td>
<td>Symptomatic heart rhythm abnormalities</td>
<td>FX 403-944-5160</td>
<td>VARIABLE</td>
</tr>
<tr>
<td></td>
<td>Suspected ablation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinic accepts referrals from all physicians</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EXCLUSIONS

- Atrial fibrillation or rhythms requiring a pacemaker
- Consultation and follow up care for patients with implantable cardioverter defibrillators

Please refer to the Cardiac Device Clinic

REFERRAL REQUIREMENTS

MANDATORY TESTS / INVESTIGATIONS

Must have documented heart rhythm abnormalities or syncope, except atrial fibrillation (refer to Atrial Fibrillation Clinic) or brady arrhythmias (refer to pacemaker clinic).

Fax complete referral with:

- Documentation of rhythm abnormalities
- Physician documentation of syncope
- Cardiac diagnostics such as ECG, ECHO, holter, exercise stress (if available).
Cardiac Device Clinic (Pacemaker & ICD) PH 403-944-1188

The Cardiac Device Clinic provides centralized access to facilitate timely patient assessment and follow up care for patients requiring a cardiac device or those patients having an existing pacemaker or ICD.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| ROUTINE         | • Patient assessment  
                  • Follow-up care | FX 403-270-0718 | VARIABLE                   |

REFERRAL REQUIREMENTS

Pacemaker referrals for implant are accepted from cardiologists. A family physician/ internal medicine etc. may refer for consideration for ICD therapy and this will be directed to an electrophysiologist for assessment and decision.

- Referral letter containing reason for referral
- Patient history
- Current medication list
- ECG’s
- LV function assessment if relevant, and documented rhythm strips and any other pertinent information
The Cardiac Function Clinics (CFC) are RN/MD directed clinics dedicated to the management of established heart failure patients.

Care offered includes ongoing physical assessment and management of heart failure symptoms, management of medical and non-medical treatments, ongoing patient teaching regarding diet, and lifestyle and medication management.

**Referrals must be accompanied by the name of the cardiologist** who has agreed to follow the patient in the CFC, reports of all cardiac testing, clinic letters, discharge summary, ECG and recent lab tests.

Patients are typically discharged from the clinic if they demonstrate: a) resolution of HF, b) stabilization of HF with requirement for less than 6 monthly visits or c) inability of the patient to follow their CHF plan or follow up.

*NOTE: if the patient does not have a cardiologist, please refer to Cardiac Navigation*

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>URGENT</td>
<td>DIAGNOSED Heart Failure patients with:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Active and changing symptoms, typically exhibiting signs and symptoms of heart failure decompensation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Patients with NYHA IV symptoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• New onset of heart failure with progressively worsening symptoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• NYHA III symptoms and low BP (&lt; 100 mmHg), or symptomatic hypotension</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Worsening symptoms following recent hospital discharge</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• New or Worsening heart failure symptoms following cardiac surgery,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Worsening symptoms despite previously stable active anti-failure therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Call clinic for all urgent referrals</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>AND</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fax all referral information to appropriate CFC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>LESS THAN ONE WEEK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELECTIVE</td>
<td>• Heart Failure NYHA II-IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fax all referral information to appropriate CFC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1-2 WEEKS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Cardiac Function Clinics

#### Referral Requirements

**For Inpatients**
- Basic patient identification and contact information, as well as (if not contained in documents below), co-morbidity list, allergy list and medication list.
- Cardiology consult / internal medicine consult
- Hospital discharge summary
- Copy of most recent ECG
- Chest x ray report copy
- Report of any ECHO, MRI, MUGA, cardiac catheterization performed while in hospital, if available
- Most recent cardiac blood work, and BNP if available

**For Outpatients**
- Name of attending heart failure physician/primary cardiologist who has been asked to oversee the care of the patient.
- Basic patient identification and contact information, as well as (if not contained in documents below), co-morbidity list, allergy list and medication list.
- Cardiology consult / internal medicine consult
- Copy of most recent ECG
- Chest x ray report copy
- Copy of latest echocardiogram report (and any others if relevant)
- Report of any MRI, MUGA, cardiac catheterization, if available
- Most recent cardiac blood work and BNP if available
## Path to Care Directory

### Specialty Specific Referral Guidelines

**CARDIAC CARE**

**Cardiac Navigation Clinic (CNC)**

<table>
<thead>
<tr>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac Navigation</td>
<td>PH 403-944-3278</td>
</tr>
<tr>
<td>Total Cardiology</td>
<td>PH 403-781-4731</td>
</tr>
<tr>
<td>Rapid Access Chest</td>
<td></td>
</tr>
<tr>
<td>Pain Clinic</td>
<td></td>
</tr>
</tbody>
</table>

Entry point for all referrals on patients deemed urgent or semi-urgent requiring a general cardiologist appointment.

The cardiac navigator nurse works closely with the Total Cardiology Rapid Access Chest Pain Clinic. Chest Pain assessment and workup referrals can be faxed directly to the Rapid Access Chest Pain Clinic.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| **EMERGENT**    | Patients that need to be seen immediately, for example:  
º Acute or suspected MI  
º Unstable Angina with chest pain  
º SBE actual/suspected  
º Hemodynamically significant arrhythmias  
º Suspected aortic dissection  
º Suspected cardiac tamponade | Go to Emergency, or Page Cardiologist on call: 403-944-1110 | **SAME DAY (EMERGENCY)** |
| **ELECTIVE**    | Patients with cardiac conditions that are not emergent, but are deemed likely to deteriorate if not seen by a cardiologist within two weeks. | FX 403-944-3200 | **< 2 WEEKS** |
| **SEMI URGENT** | Known or suspected cardiac conditions that require cardiology assessment more urgently than the routine timeframe. |  | **2-4 WEEKS** |
| **ROUTINE**     | All other cardiac conditions that can be seen through the existing elective system. | Fax referral to appropriate clinic or physician office if known  
If uncertain of referral path, fax to Cardiac Navigation Clinic: 403-944-3200 | **> 4 WEEKS** |
### Cardiac Navigation Clinic (CNC) PH 403-944-3278

#### Referral Requirements

**Comorbidity Information**
- Diabetes
- Thyroid disease
- Renal dysfunction
- Sleep Apnea/Snoring
- Pulmonary (describe)
- Liver/GI (describe)
- Malignancy (5 years)
- Renal disease

**Cardiac Specific History**
- Please identify and provide supporting documentation for any previous cardiac diagnoses, or relevant cardiac history, for example:
  - Prior MI
  - Prior PCI
  - Prior CABG
  - Hypertension
  - Hyperlipidemia
  - Smoking or cocaine use

**Symptom Information**
- Please provide details of any symptoms experienced relevant to the suspected cardiac condition

**Mandatory Tests / Investigations**
- 12 Lead ECG or rhythm strips of arrhythmia (if relevant)
  - Recent Blood Work
  - INR if patient on Coumadin
  - Lipid Profile
  - CBC, Lytes, Creatinine
  - TSH, Digoxin level
- Emergency Physician record if patient being referred from ED.
- Any other cardiac tests completed.
Connective Tissue Clinic (CTC) is an MD directed clinic with RN and social work support that is dedicated to the management of patients with suspected or confirmed diagnosis of genetic disorders of the connective tissues (Marfan syndrome, Ehlers-Danlos syndrome, Loeys-Dietz syndrome). Care offered includes interval clinical follow up for physical assessment and cardiac imaging; management of prescription medications; ongoing patient teaching and support regarding activity and lifestyle; family screening; and coordination of necessary related specialist referrals.

*Patients with suspected or confirmed diagnosis of mixed connective tissue disease and other related autoimmune disorders (lupus, scleroderma, polymyositis, Raynaud’s syndrome) may require assessment by cardiology, but are not seen in the CTC clinic which deals primarily with genetic disorders of the connective tissues.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>URGENT</td>
<td>• Suspected or confirmed diagnosis of connective tissue disease (Marfan syndrome, Ehlers-Danlos syndrome, Loeys-Dietz syndrome) AND measurement of aortic root greater than 4.5 cm on imaging (echo, CT or MRI) AND *Referral for urgent assessment at ACH Genetics Clinic will be initiated by CTC cardiologist AND *May require urgent referral to cardiovascular/vascular surgeon after assessment by CTC cardiologist</td>
<td>Call clinic for urgent referrals 403-943-4959 AND Fax all referral information to: 403-291-6814</td>
<td>&lt; 2 WEEKS</td>
</tr>
<tr>
<td>SEMI URGENT</td>
<td>• Suspected or confirmed diagnosis of connective tissue disease (Marfan syndrome, Ehlers-Danlos syndrome, Loeys-Dietz syndrome) AND one or more of the following: Aortic root measurement of 4.0-4.5 cm on imaging (echo, CT or MRI) AND Moderate-severe mitral or aortic valve regurgitation AND Significant LV dysfunction</td>
<td>Fax all referral information to: 403-291-6814</td>
<td>2 MONTHS</td>
</tr>
<tr>
<td>ELECTIVE</td>
<td>• Suspected or confirmed diagnosis of connective tissue disease (Marfan syndrome, Ehlers-Danlos syndrome, Loeys-Dietz syndrome) AND Measurement of aortic root normal or less than 3.9 cm on echo imaging</td>
<td></td>
<td>4-6 MONTHS</td>
</tr>
<tr>
<td>REFERRAL REQUIREMENTS</td>
<td>IF AVAILABLE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MANDATORY TESTS / INVESTIGATIONS</strong></td>
<td>• Copies of any specialist consults (Cardiology/Internal Medicine/Genetics/Ophthalmology/Cardiovascular or Vascular Surgery)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Basic patient demographic information and contact information</td>
<td>• Copies of cardiovascular or vascular operative reports</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Documentation of past medical history to include a list of all current medications</td>
<td>• Copies of any Echo, MRI, CT or Cardiac Catheterization reports</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Copy of most recent ECG and/or Holter Monitor</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Copy of Chest X-ray and/or Pulmonary Function tests</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Most recent blood work results</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Hypertrophic Cardiomyopathy Clinic (HCM) is an MD directed clinic with nursing and social work support that is dedicated to the management of patients with a suspected or confirmed diagnosis of Hypertrophic Cardiomyopathy. Care offered includes interval clinical follow up for physical assessment and cardiac imaging; management of prescription medications; ongoing patient teaching and support regarding activity, lifestyle and family screening; as well as coordination of necessary specialist referrals.

*Patients with Dilated Cardiomyopathy (DCM) may require assessment by cardiology, but are not seen in the HCM clinic.

### Triage

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>URGENT</strong></td>
<td>SUSPECTED OR CONFIRMED HCM WITH</td>
<td>Call clinic for urgent referrals 403-943-4959 AND Fax all relevant information to 403-291-6814</td>
<td>2-4 WEEKS</td>
</tr>
<tr>
<td></td>
<td>• New onset of heart failure</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• New onset or worsening of chest pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Medication side effects</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• New onset of rhythm abnormality documented on ECG or Holter monitor</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Worsening symptoms following recent hospitalization</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Complications during pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ELECTIVE</strong></td>
<td>Suspected or confirmed diagnosis of HCM</td>
<td>Fax all referral information to 403-291-6814</td>
<td>3-6 MONTHS</td>
</tr>
</tbody>
</table>

### Referral Requirements

**MANDATORY TESTS / INVESTIGATIONS**
- Basic patient demographic information and contact information
- Documentation of past medical history to include a list of all current medications
- Copies of all echocardiograms, cardiac MRI, CT, cardiac catheterization reports

**IF AVAILABLE**
- Copies of any specialist consults including cardiology, genetics, internal medicine, respiratory or cardiovascular surgery
- Copies of any cardiovascular operative reports
- Copy of most recent ECG, exercise stress test, exercise test, and/or holter monitor
- Copy of chest x-ray and/or pulmonary function tests
- Most recent blood work results
The Rapid Access Cardiology Clinic (RACC™) was established in 2008 as the Rapid Access Chest Pain Clinic to assess patients with chest pain syndromes. Since then, we have expanded our criteria and accept referrals for patients with known or suspected heart disease. We provide timely cardiac care consultation and arrange appropriate testing if required.

We welcome direct referrals for consultations from all health care providers, including but not limited to; family physicians, primary care physicians, specialists, urgent care centres and emergency departments.

### REASONS FOR REFERRAL

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>RISK STRATIFICATION</th>
<th>DIAGNOSIS &amp; HISTORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest pain</td>
<td>Global CV risk stratification</td>
<td>Atrial fibrillation/flutter</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>Pre-operation CV risk assessment</td>
<td>Ischemic heart disease</td>
</tr>
<tr>
<td>Edema</td>
<td></td>
<td>Myocardial infarction</td>
</tr>
<tr>
<td>Palpitations</td>
<td></td>
<td>Heart failure</td>
</tr>
<tr>
<td>Presyncope</td>
<td></td>
<td>Cardiomyopathy</td>
</tr>
<tr>
<td>Syncope</td>
<td></td>
<td>Valvular heart disease</td>
</tr>
<tr>
<td>Fatigue</td>
<td></td>
<td>Heart murmur NYD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Abnormal resting ECG</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Abnormal stress test</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Abnormal coronary CT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cardiac masses or thrombus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Endocarditis</td>
</tr>
</tbody>
</table>

### EXCLUSIONS

- Intermediate - high or high risk ACS

### INFORMATION REQUIRED FOR TRIAGE

- Basic patient demographic information and contact information
- Referring physician's information and contact information

### INFORMATION TO PROVIDE IF AVAILABLE

- Previous consult notes

### PROCESS

- Hours of operation: Monday to Friday 8am to 4.30pm

- Referrals are accepted:
  - Online www.tcracc.ca
  - By phone 403-571-8641
  - By fax 403-571-6990

- OUR GOAL IS TO SEE A PATIENT WITHIN 10 WORKING DAYS UPON RECEIPT OF REFERRAL
Amyotrophic Lateral Sclerosis (ALS) / Motor Neuron Disease Clinic

The clinic functions as a resource of expertise in the diagnosis and management of ALS. Family physicians must contact a clinic physician to ensure timely triage.

The Calgary ALS/Motor Neuron Disease Clinic is involved in the care of patients who have motor neuron diseases (ALS/PLS/Kennedy’s disease etc).

The clinic includes neurology, respirology, physical medicine, palliative care and allied health. All suspected referrals of motor neuron disease are reviewed by the neurologist and may be seen initially in the Neuromuscular Intake Clinic to confirm diagnosis.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROUTINE</td>
<td>• suspected ALS</td>
<td>FX 403-956-3492</td>
<td>2 - 6 WEEKS</td>
</tr>
</tbody>
</table>

**REFERRAL REQUIREMENTS**

**MANDATORY INFORMATION**

- Patient history
- Neurological examination results
- List of medications
- Results of ALL diagnostic tests completed to date: imaging, electrophysiology, blood work, biopsies
- If done outside Calgary, MR images on disk should accompany the report
- Data/consult from previous neurological consultations

**NOTES**

Incomplete or illegible referrals will be returned with a request for more information, before or during triage.

Referrals more appropriate for another neurology program will be forwarded (you will be notified).

Referrals may be declined if they do not meet clinic criteria; in this case you will be notified and advised regarding alternate referral destinations, if appropriate, but it will be your responsibility to make an alternate referral.
Brain Injury (Rehabilitation) Clinic

Physical medicine and rehabilitation clinic to assess and provide treatment for individuals with sequelae of moderate to severe acquired brain injury, including trauma, encephalitis, subarachnoid hemorrhage, and other conditions. Typical concerns include memory and cognitive changes, speech complaints, emotional changes, and physical sequelae.

Acute injuries or concerns regarding neurologic status should be directed to neurology or neurosurgery.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROUTINE</td>
<td>SEQUELAE OF MODERATE TO SEVERE ACQUIRED BRAIN INJURY, INCLUDING:</td>
<td>FX 403-944-8578</td>
<td>6 MONTHS</td>
</tr>
<tr>
<td></td>
<td>• trauma</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• encephalitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• subarachnoid hemorrhage</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• other conditions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TYPICAL CONCERNS INCLUDE:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• memory and cognitive changes,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• speech complaints,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• emotional changes, and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• physical sequelae.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXCLUSIONS</th>
<th></th>
<th>Contact neurology or neurosurgery</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Acute injuries</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Neurologic status concerns</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Concussions</td>
<td>Contact the Calgary Brain Injury Program:</td>
</tr>
<tr>
<td></td>
<td>• Mild traumatic brain injury</td>
<td>PH 403-944-8571 FX 403-944-8578</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REFERRAL REQUIREMENTS</th>
<th>TESTS / INVESTIGATIONS IF AVAILABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMORBIDITY INFORMATION</td>
<td>• CT / MRI / Imaging results</td>
</tr>
<tr>
<td>• Previous brain injury</td>
<td>• Discharge summary</td>
</tr>
<tr>
<td>• History of substance or alcohol abuse</td>
<td>• Neuropsychologic assessment</td>
</tr>
<tr>
<td>• Mental health diagnosis</td>
<td>• Therapist or consultant assessments</td>
</tr>
<tr>
<td>• Seizures</td>
<td></td>
</tr>
</tbody>
</table>

DEPARTMENTOFMEDICINE.COM/MAS CLINICAL NEUROSCIENCES UPDATED 9 FEB 2016
The Cognitive Neurosciences Clinic (CNC) provides consultative advice on the diagnosis and management of neurological diseases that cause cognitive impairment or dementia. Common diagnoses seen in the clinic include Alzheimer’s disease, vascular cognitive impairment, cerebral amyloid angiopathy, mild cognitive impairment, frontotemporal dementia, Lewy body disease and others. The Clinic will provide an assessment of the etiology of dementia, order further investigations as appropriate, and provide recommendations for management (e.g. with acetylcholinesterase inhibitors). Advice on community resources and support will be provided however the referring physician, not the Clinic, will be responsible for initiating referrals (e.g. for home care evaluation) as deemed necessary.

We strongly encourage administration of the validated Montreal Cognitive Assessment Tool (MoCA, www.mocatest.org) when there are cognitive symptoms in patients with no evident functional limitations and no known neurological disease. Patients that score 26 or higher are very unlikely to have abnormal cognition or a neurological disease even when more extensive testing is performed; in this case referral to the CNC may not be necessary.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMERGENT</td>
<td>• Acute delirium.</td>
<td>Go directly to emergency department</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>• Behavioral complications of dementia that are acutely compromising patient or caregiver safety (e.g. psychosis, agitation, violent behavior).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEMI URGENT</td>
<td>• New onset rapidly progressive dementia (that is, onset of dementia within last 3 months with progressive accumulating loss of function in activities of daily living within that time frame).</td>
<td>FX 403-476-9629</td>
<td>1 MONTH</td>
</tr>
<tr>
<td>ROUTINE</td>
<td>• Suspicion of cognitive impairment or dementia caused by neurological disease.</td>
<td>FX 403-476-9629</td>
<td>&lt;6 MONTHS</td>
</tr>
<tr>
<td></td>
<td>• Opinion on etiology of cognitive impairment or dementia.</td>
<td></td>
<td>when there is documentation of dementia or objective evidence of poor cognition</td>
</tr>
<tr>
<td></td>
<td>• Early-onset cognitive impairment or dementia (&lt;65 years).</td>
<td></td>
<td>&lt;12 MONTHS</td>
</tr>
<tr>
<td></td>
<td>• Cognitive symptoms with objective evidence of poor cognition (e.g. by MMSE or MoCA).</td>
<td></td>
<td>for referrals for memory symptoms with no documentation of decline in function or objective testing showing poor cognitive performance</td>
</tr>
<tr>
<td></td>
<td>• Assistance with pharmacologic management of memory impairment in dementia (note: consults solely for management of behavioural complications of dementia will not be accepted; consider referral to a geriatrician or geriatric psychiatrist instead).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Cognitive Neurosciences Clinic (CNC)  PH 403-944-4406

<table>
<thead>
<tr>
<th>NOT ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Referrals solely for management of behavioural complications of dementia.</td>
</tr>
<tr>
<td>• Referrals for capacity assessment or for driving assessment.</td>
</tr>
<tr>
<td>• Assessments for the Worker’s Compensation Board.</td>
</tr>
<tr>
<td>• Referrals for assistance with management of community support or for transition from the community to assisted living; consider a referral to Senior’s Health instead (F: 403-955-1514).</td>
</tr>
<tr>
<td>• Referrals for static cognitive impairment solely due to concussion, traumatic brain injury or psychiatric diseases.</td>
</tr>
</tbody>
</table>

**REFERRAL REQUIREMENTS**

**MANDATORY INFORMATION**

- Brief description of history and examination results, or recent office note describing cognitive complaints.
- Results of MMSE, MoCA or other cognitive tests, if done.
- List of medications.
- Results of ALL diagnostic tests completed to date, including imaging and blood work.
- MR or CT images on disk should accompany the referral, if they were done outside Calgary.
- Notes from previous neurological, psychiatric or neuropsychological consultations

**NOTES**

Incomplete or illegible referrals will be returned with a request for more information, before or during triage.

Referrals more appropriate for another neurology program will be forwarded (you will be notified).

Referrals may be declined if they do not meet clinic criteria; in this case you will be notified and advised regarding alternate referral destinations if appropriate but it will be your responsibility to make an alternate referral.

Patients will be seen at either the Foothills Medical Centre or South Health Campus, depending on patient location and relative wait list times.
Neurologists see patients presenting with non-urgent, undifferentiated neurological problems. Patients with known neurological diagnoses may be seen in this clinic but are often more appropriate for a sub-speciality clinic in neurology.

<table>
<thead>
<tr>
<th>Triage Category</th>
<th>Reason for Referral</th>
<th>Process</th>
<th>Approximate Time to Be Seen</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergent</strong></td>
<td>Patients needing to be seen emergently should go directly to the Emergency Room (ER)</td>
<td>Go directly to an emergency department</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>If you are unsure of the urgency you may speak with the neurologist on call RAAPID South at 1-800-661-1700 or 403-944-4486 to speak to a neurologist</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Urgent</strong></td>
<td>Adult patients with a new, acute neurological problem requiring a neurology consultation within 72 hours should fax referral to the Urgent Neurology Clinic. See referral criteria for Urgent Neurology Clinic in this directory</td>
<td>Fax referral to Urgent Neurology Clinic (UNC) 403-270-1848</td>
<td>3-7 Days</td>
</tr>
</tbody>
</table>
| **Semi-Urgent** | Onset within the past 3 months of a first ever episode of:  
° New motor +/- sensory deficit with or without pain  
° New episodic confusion or amnesia  
° Progressive weakness, aphasia, and/or cognitive decline  
° Progressive or intermittent dysarthria and/or dysphagia | FX 403-476-8771 | 1-3 Months |
| **Routine**     | Chronic unremitting or frequent headache  
° Chronic intermittent or persistent dizziness or vertigo  
° Epilepsy; sensory symptoms  
° Gait problems; tremor  
° Other movement disorders  
° Chronic progressive limb weakness  
° Mild cognitive impairment  
° Chronic progressive cognitive decline  
° Multi-focal neurological symptoms without neurological signs  
° Multi-focal neurological symptoms with a normal or non-specific brain MRI  
° Abnormal brain MRI (other than a space occupying lesion) | Fax referral to Central Access and Triage (CAT): 403-476-8771 | >3 Months |
|                 | For interim care call RAAPID South 1-800-661-1700 or (403) 944-4486 to speak to a neurologist | | |
**Path to Care Directory**

**Specialty Specific Referral Guidelines**

**General Neurology (GNC)**

**PH 403-956-3461**

### EXCLUSIONS
- Follow-up appointments
- Patients requiring follow-up after discharge from the general neurology service

### REFERRALS IN THESE SITUATIONS WILL NOT GENERALLY BE ACCEPTED
- Patients already registered in a subspecialty clinic
- Patients who hope to be seen sooner than the subspecialty clinic can offer

### REFERRALS
- Second opinions
- Medicolegal assessments
- Workers’ Compensation Board assessments

### MANDATORY INFORMATION
- Referring physician’s name, address, telephone and fax numbers
- Patient’s name, date of birth, address and telephone numbers
- Reason for the neurology consult and why the consult is urgent
- As much clinical information as possible (including: onset, symptoms, physical exam and pertinent test results)
- Referrals must be legible

### ADDITIONAL INFORMATION
- Previous neurology consult letters (or discharge summaries).
- Co-morbidities and medications.
- If a second opinion is requested of a specific neurologist please include the reason that a second opinion is required, and the original consult note. The request may be declined and usually there is a long wait for appointments

### NOTES
Incomplete or illegible referrals will be returned with a request for more information, before or during triage.

Referrals more appropriate for another neurology program will be forwarded (you will be notified). Referrals may be declined if they do not meet clinic criteria; in this case you will be notified and advised regarding alternate referral destinations if appropriate but it will be your responsibility to make an alternate referral.

Patients may be seen at any site.
The clinic functions as a resource of expertise in the medical diagnosis and treatment of movement disorders.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EMERGENT</strong></td>
<td>Send patient to Emergency Room for assessment by ER physicians</td>
<td>SAME DAY</td>
<td></td>
</tr>
</tbody>
</table>
| **URGENT**      | RE-REFERRALS        | For DBS issues please contact the surgical nurse coordinator (daytime) at: 403-944-4392 or 403-944-8152  
• Deep brain stimulator (DBS) patients  
• Sudden worsening of Parkinson’s disease or dystonia due to failure of battery or pacemakers in patients with deep brain stimulators (DBS).  
• Need for urgent MRI scans in patients with deep brain stimulators  
• Patients of the Movement Disorder Clinic  
• Rapid deterioration of Parkinson’s disease or other movement disorder  
In the evening contact call RAAPID South 1-800-661-1700 or (403) 944-4486 to speak to a neurologist  
Fax 403-944-4063 | USUALLY SAME DAY |
| **NEW REFERRALS** | Dr Pringsheim or Dr Sarna will see at the Tourette and Pediatric Movement Disorders Clinic at the Alberta Children’s Hospital (ACH).  
For emergent cases please page her: 403-212-8223 and enter 08511 for Dr Pringsheim or 11222 for Dr Sarna  
or  
Tel: 403-955-7107  
Fax: 403-955-7609 | 1 WEEK |
### Movement Disorders Clinic (MDC)  PH 403-944-4364

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROUTINE &lt;3 MONTHS</td>
<td>• Patients with hemi facial spasm, blepharospasm or cervical dystonia</td>
<td>Fax referral to MDC Clinic: 403-944-4063</td>
<td>3 MONTHS</td>
</tr>
</tbody>
</table>
| ROUTINE <6 MONTHS | • For adults and children with tics | Tourette and Pediatric Movement Disorders Clinic, ACH  
Tel: 403-955-7107  
Fax: 403-955-7609 | 2 MONTHS |
| ROUTINE 12 MONTHS | • All other patients who do not fit the above examples | Fax referral to MDC Clinic: 403-944-4063 | 12 MONTHS |

### Referral Requirements

**Symptom Information**
- If the patient has pre-existing movement disorder; the reason for the referral to MDC Clinic

**Notes**
Incomplete or illegible referrals will be returned for completion before or during triage.

Referrals more appropriate for another neurology program will be forwarded (you will be notified).

**Mandatory Tests / Investigations**
- Previous neurology consult letters (or discharge summaries) if seen outside the Movement Disorders Clinic.
- Copies of any previous MRI reports (if any).
- Results of all prior investigations completed to investigate the neurological symptoms (if any).
- A list of co-morbidities and medications.
The MS clinic is a resource of expertise in the diagnosis and management of MS and related demyelinating diseases. If it is unclear whether the problem is due to MS the referral should be to general neurology or urgent neurology instead.

### TRIAGE CATEGORY

**EMERGENT**
- Disabling symptoms associated with inability to safely manage as an outpatient. Paraparesis, hemiparesis, and severe dysphagia are typical examples.
- Severe psychiatric co-morbidities (depression and psychosis) may require emergency assessment and psychiatric management. Suicide is common in MS.

**URGENT / SEMI-URGENT**
- New referrals, suspected MS
- New, persistent, sub acute CNS symptoms in adults, suspected by the referring physician to be due to MS are rarely appropriate for the MS Clinic.
- New, persistent, CNS symptoms in children and adolescents (age 16 and under), suspected by the referring physician to be due to CNS demyelination, including optic neuritis, transverse myelitis, acute disseminated encephalomyelitis (ADEM), or neuromyelitis optica, or other acquired demyelinating syndromes should be referred to Dr Jean Mah.

### New Referrals:
- Patients diagnosed with MS but who are not MS Clinic patients and are not followed by a non-MS clinic neurologist who experience:
  - Disabling relapses not thought to require hospitalization.
  - Moderate or severe treatment adverse events in a patient recently moved to our referral area but started on MS therapy by a previous neurologist.
  - Patients newly diagnosed with acute optic neuritis by an ophthalmologist.
  - Patients newly diagnosed with MS or suspected MS by a neurologist and who will not be followed by that neurologist.

### Re-referral of current MS Clinic patients:
- Disabling relapses not thought to require hospitalization.
- Moderate or severe treatment adverse events.
- Assessment for concurrent or potentially triggering factors (especially infections) should be completed by the referring MD.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EMERGENT</strong></td>
<td></td>
<td>Send patient to Emergency Room for assessment by ER physicians or call RAAPID South 1-800-661-1700 or (403) 944-4486 to speak to a neurologist</td>
<td></td>
</tr>
<tr>
<td><strong>URGENT / SEMI-URGENT</strong></td>
<td>Refer adults to General Neurology or Urgent Neurology Clinic as per their guidelines (contact info found in this directory)</td>
<td>Dr. Jean K. Mah, Pediatric Neurology Clinic, Alberta Children’s Hospital Ph: 403-955-7602 Fax: 403-955-7609</td>
<td></td>
</tr>
<tr>
<td><strong>New Referrals:</strong></td>
<td>Call or fax referral to the MS Clinic. Fax: 403-270-7162 Consider asking for an MS specialist to contact you for a telephone consult (much faster). Ph: 403-944-4253 or call RAAPID South 1-800-661-1700 or (403) 944-4486 to speak to a neurologist</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Re-referral of current MS Clinic patients:</strong></td>
<td></td>
<td>1-5 DAYS for a telephone consult between the nurse practitioner (fastest) or an MS neurologist and the referring MD.</td>
<td></td>
</tr>
</tbody>
</table>
Multiple Sclerosis (MS) Clinic

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROUTINE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Referrals</td>
<td></td>
<td>Fax to the MS Clinic</td>
<td>&lt; 3 MONTHS:</td>
</tr>
<tr>
<td></td>
<td>• Patients with both focal CNS symptoms and a brain MRI that is highly suggestive of MS (see below).</td>
<td>Fax: 403-270-7162</td>
<td>&gt; one recent relapse, rapid recent worsening, need to review MS therapies, or clear need for symptom management.</td>
</tr>
<tr>
<td></td>
<td>• Patients diagnosed with MS, probable MS, transverse myelitis, or another demyelinating disease by a neurologist if the other neurologist is not also following the patient.</td>
<td></td>
<td>&lt; 6 MONTHS: Stable or slowly progressive disease.</td>
</tr>
<tr>
<td></td>
<td>• Patients referred by a neurologist for assessment of suspected demyelinating disease.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Patients diagnosed with optic neuritis by an ophthalmologist or neurologist (unless the other neurologist is also following the patient).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Re-Referrals</td>
<td></td>
<td>Fax to the MS Clinic: 403-270-7162</td>
<td>&lt; 3 MONTHS: Multiple recent relapses, rapid recent worsening, or need to review MS therapies.</td>
</tr>
<tr>
<td></td>
<td>• Any current MS Clinic patient with MS or suspected MS who requests an MS Clinic re-assessment.</td>
<td>Consider requesting a telephone consult for interim care.</td>
<td>&lt; 6 MONTHS: Slowly progressive disease.</td>
</tr>
<tr>
<td></td>
<td>• Previous MS clinic patients who were discharged because they were believed not to have MS must usually have new evidence suggestive of MS and an MRI strongly suggestive of MS to be re-reviewed in MS Clinic. A general neurology referral may be more appropriate.</td>
<td>Ph: 403-944-4253</td>
<td>&lt; 12 MONTHS Stable MS</td>
</tr>
<tr>
<td></td>
<td>• Current MS Clinic patients who have not been seen by a clinic physician for at least 18 months may self refer for routine assessment.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EXCLUSIONS

• Referrals to see people who live outside our referral area (Southern Alberta and the SE tip of BC) except in exceptional circumstances.
• Referrals for second opinions for people outside our referral area, or for those who believe they have MS despite an alternate neurologic opinion. Some MS Clinic physicians do provide this service. Contact the MS Clinic for a current list of these physicians in their general neurology clinic.
## Multiple Sclerosis (MS) Clinic

### PH 403-944-4253

### Referral Requirements

**Mandatory Information: New Referrals**

- All newly referred patients who are accepted at the clinic receive education while on the wait list.
  - Previous neurology or ophthalmology consult letters and discharge summaries.
  - Copies of all previous MRI reports (if any).
  - Results of all prior investigations completed to investigate the neurologic symptoms (if any).
  - A list of co-morbidities and medications.
  - If referral is to assess focal symptom(s) in a person with an MRI suspicious for MS, please also describe the focal symptom(s) including date(s) of onset and symptom evolution.
  - Provide details regarding symptoms that you believe require expedited assessment (sooner than 6 months).
  - If a telephone consult is requested please indicate this. Note the urgency and indicate your availability. If urgent, please provide contact choices.

**Mandatory Information: Re-Referrals**

Indicate if an urgent or expedited assessment is requested and explain why including a timeline of patient symptoms. You may be contacted for further discussion if the need for urgency is unclear. Please request a telephone consult for interim care if required.

**Notes**

Incomplete or illegible referrals will be returned with a request for more information, before or during triage.

Referrals more appropriate for another neurology program will be forwarded (you will be notified).

Referrals may be declined if they do not meet clinic criteria; in this case you will be notified and advised regarding alternate referral destinations if appropriate but it will be your responsibility to make an alternate referral.

Patients will be seen at either the Foothills Medical Centre or South Health Campus, depending on patient location and relative wait list times.
The Neuromuscular Clinic is involved in the care of patients who have disorders which affect the peripheral nervous system. As such the patients referred should clearly have a disorder of the peripheral nervous system (nerve roots, brachial, lumbosacral plexus, peripheral nerve, neuromuscular junction or muscle). If it is unclear whether the problem involves the peripheral or central nervous system the referral should be to general neurology or urgent neurology instead.

This clinic does not manage neuropathic pain except in those patients who require ongoing management through the Neuromuscular Clinic.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| **EMERGENT** NEW OR RE-REFERRING | • A patient with a known diagnosis of myasthenia gravis with increasing problems with respiration  
• Acute onset (within the past 7 days) of weakness, sensory symptoms in both legs, with or without urinary symptoms or shortness of breath  
• Recent onset (last one week) of major motor and/or sensory deficits in 2 or more peripheral nerve territories  
• New onset (last one week) of a problem with difficulty swallowing or breathing  
• Acute onset of weakness to both legs, possibly including bowel/bladder dysfunction and sensory disturbance over legs (suspected spinal cord, cauda equine, conus medullaris syndrome) | Go directly to Emergency Department  
or call RAAPID South 1-800-661-1700  
or (403) 944-4486 to speak to a neurologist | SAME DAY |
| **URGENT** NEW OR RE-REFERRING | • Known diagnosis of myasthenia gravis but with increasing problems with chewing, swallowing and speaking or generalized weakness  
• Onset in past 2-3 weeks of new, progressive sensory and motor deficits resulting in impaired function  
• Recent (2-3 weeks) onset of motor and/or sensory deficits in 2 or more peripheral nerve territories  
• Patient is discussed by telephone with neuromuscular neurologist and triaged to urgent | Phone neuromuscular clinic to ask the neuromuscular neurologist to be paged to discuss the case. | 1-7 DAYS |
### Neuromuscular Clinic (NMC)

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| SEMI-URGENT     | • Onset of progressive limb weakness or swallowing/speech difficulties over weeks to months associated with loss of muscle bulk and, twitching of muscles  
• Progressive, primarily proximal limb weakness +/- swallowing difficulties (or problem in two or more nerve territories) of not more than 2 to 3 months duration  
• Progressive motor, sensory or bulbar disorder with more recent (past 2-3 weeks) significant decline and loss of ability to carry out activities of daily living  
• Patient is discussed by telephone with neuromuscular neurologist and triaged to semi-urgent | FX 403-476-9634 | 2-4 WEEKS |
| ROUTINE <3 MONTHS | • Chronic (more than 3 months) progressive weakness and or/sensory deficits with a stocking and glove pattern of involvement without a diagnosis, or with a diagnosis requiring treatment | FX 403-476-9634 | 3 MONTHS |
| ROUTINE <6 MONTHS | • Known diagnoses of muscular dystrophy, hereditary neuropathies, stable myasthenia gravis, stable peripheral neuropathies  
• Muscle cramping or pain of unknown cause, elevated CKs of unknown cause | FX 403-476-9634 | >3 MONTHS |

### REFERRAL REQUIREMENTS

**MANDATORY INFORMATION**
- History, neurological examination results
- List of medications
- Results of ALL diagnostic tests completed to date-imaging, electrophysiology, blood work, biopsies
- If done outside Calgary, MR images on disk should accompany the report
- Data/consult from previous neurological consultations

**NOTES**
- Incomplete or illegible referrals will be returned for completion before or during triage.
- Referrals more appropriate for another neurology program will be forwarded for program triage (you will be notified).
- Patients may be seen at any site.
Neurovestibular Clinic (SHC)  PH 403-956-3462

Referred patients should have vertigo or dizziness characterized by impaired spatial orientation. Patients with additional neurological symptoms or migraine should be referred to a general neurologist (Neurology Central Triage fax: 403-476-8771) or, if acute, the Emergency Department. Patients with longstanding imbalance and falls should be referred to the fall prevention clinic (fax: 403-955-1514).

Restrictions: Patients with symptoms > 2 years or lightheadedness/pre-syncope will NOT be seen (see: Suggested evaluation and management).

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| EMERGENT        | Acute vestibular syndrome (with or without other neurological symptoms or neck pain)  
° vertigo, nausea, vomiting  
° imbalance developing over seconds or minutes | Send directly to Emergency Department | SAME DAY |
| URGENT          | Isolated vertigo/dizziness within the last 8 weeks. | Fax or mail referral to Neurovestibular Clinic, South Health Campus:  
Room 510120  
4448 Front Street SE  
Calgary, AB T3M 1M4  
Fax: 403-956-3494  
Phone: 403-956-3462 | < 14 DAYS |
| ROUTINE         | Isolated vertigo/dizziness of more than 8 weeks duration.  
• Recurrent spontaneous or positional vertigo/dizziness of less than 2 years duration. | | < 6 MONTHS |

EXCLUSIONS: Patients with symptoms > 2 years or lightheadedness/pre-syncope

Mandatory Requirements

- Detailed history, including:
  - symptom description, date of onset, duration (seconds, minutes, hours days, weeks or constant).
  - triggers (e.g., position change, head motion, elevators, darkness, valsalva)
  - otologic symptoms (e.g., ear pain, fullness, hearing loss, tinnitus).
- Results of ALL tests, including blood work, CT, MRI brain/IACs, results of hearing and vestibular laboratory testing.
- Letters from all relevant consultations
- If CT or MR scans done outside Calgary are not available on Netcare, scans on CD should accompany the referral

Notes

Patient appointments are booked with the earliest available neuro-otologist (Drs. S. Subramaniam, W. Fletcher or B. Lange). Incomplete or illegible referrals will be returned for completion before triage.
The seizure clinic functions as a resource of expertise in the management of epilepsy.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMERGENT</td>
<td>Status epilepticus-convulsive or suspected non-convulsive</td>
<td>Send to emergency department</td>
<td>SAME DAY</td>
</tr>
<tr>
<td></td>
<td>Frequent or sequential seizures</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Severe toxicity or adverse reactions to treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>URGENT</td>
<td>First unprovoked seizure</td>
<td>Fax referral to Urgent Neurology Clinic (UNC) 403-270-1848</td>
<td>1 - 2 WEEKS</td>
</tr>
<tr>
<td></td>
<td>Fax referral to Urgent Neurology Clinic in this directory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEMI-URGENT</td>
<td>Increase in number or severity of seizures</td>
<td>Fax referral to the Seizure Clinic and request an appointment or an epilepsy physician telephone consult</td>
<td>1 MONTH</td>
</tr>
<tr>
<td></td>
<td>Moderate adverse effects of treatment</td>
<td>Phone: 403-944-4242</td>
<td>for clinic</td>
</tr>
<tr>
<td></td>
<td>Newly diagnosed epilepsy</td>
<td>Fax: 403-476-9630</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recurrence of seizures after prolonged seizure free period. Recurrence interferes with driving, work.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROUTINE &lt;3 MONTHS</td>
<td>Resistant epilepsy adequate trial of at least two anti-epileptic drugs (AEDs)</td>
<td>FX 403-476-9630</td>
<td>3 - 9 MONTHS</td>
</tr>
<tr>
<td></td>
<td>Not previously seen by epileptologist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROUTINE &lt;6 MONTHS</td>
<td>Intractable epilepsy tried multiple AEDs</td>
<td></td>
<td>6 MONTHS</td>
</tr>
</tbody>
</table>

**REFERRAL REQUIREMENTS**

**MANDATORY INFORMATION**

- All medications and dosages
- Results of EEG, CT and MRI if done
- Previous consultation letters

**NOTES**

Incomplete or illegible referrals will be returned for completion before or during triage.

Referrals more appropriate for another neurology program will be forwarded (you will be notified).
The stroke prevention clinic is designed to see patients with transient ischemic attack or suspected transient ischemic attack soon after their event. It is not designed to routinely assess patients for primary prevention of stroke except in specific circumstances such as asymptomatic carotid artery stenosis, assessment for CADASIL, etc. In other circumstances where a physician feels that referral to the stroke prevention clinic would be helpful, please contact the clinic directly to discuss.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EMERGENT</strong></td>
<td>Transient motor weakness or speech deficit within last 48 hours</td>
<td>Send patient to ED for urgent assessment, CT head and CTA extracranial and intracranial vessels. Whether the patient will be seen in the ED by the stroke team will depend on the results of the CT/CTA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any possible TIA symptoms within last 48 hours if patient is known to have atrial fibrillation and is not currently anticoagulated</td>
<td>Send patient to ED for urgent assessment, CT head and anticoagulation if appropriate. Patients will then be referred urgently to the stroke prevention clinic for further assessment.</td>
<td></td>
</tr>
<tr>
<td><strong>URGENT</strong></td>
<td>Transient motor weakness or speech deficit or any possible TIA symptoms within last 3-7 days</td>
<td></td>
<td><strong>2 DAYS</strong></td>
</tr>
</tbody>
</table>
| **SEMI-URGENT** | Transient motor weakness or speech deficit within last 8-14 days
Any focal symptoms if patient has AF and not currently anticoagulated
Sudden blindness in one eye (amaurosis fugax) in last 14 days | FX 403-944-1154 | **14 DAYS** |
| **ROUTINE**     | All other suspected TIAs or other stroke/neurovascular problems or concerns. | | **>90 DAYS** |

**REFERRAL REQUIREMENTS**

**MANDATORY INFORMATION**
- Date of suspected TIA (if > 1 event, give dates of first and last)
- Specific focal symptoms (motor, speech, etc.) and event duration
- Vascular risk factors, any history of stroke
- Any atrial fibrillation and if so, indicate anticoagulation

**NOTES**
Indicate if any lab work or imaging (when and where) has been ordered or is completed.

Episodes of pre-syncope, loss of consciousness & memory loss, and recurrent episodes of dizziness are unlikely to be TIAs. Consider referring these patients to the Emergency Department, Urgent Neurology Clinic (ph: 403-944-2372) or General Neurology Clinic as appropriate.
Urgent Neurology Clinic (UNC)  PH 403-944-2372

The Urgent Neurology Clinic is for adult patients who present with a new acute neurological problem requiring an outpatient neurology consultation within 1 week.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| **EMERGENT**    | • Patients needing to be seen emergently should go directly to the emergency room (ER)  
• If you are unsure of the urgency you may speak with the neurologist on call | Go directly to an emergency department  
Referring physician should call RAAPID South 1-800-661-1700 or (403) 944-4486 to speak to a neurologist |                                                                                       |
| **URGENT**      | **APPROPRIATE FOR THE CLINIC**  
• Adult patients with a new, acute neurological problem requiring an outpatient neurology consultation within 1 week.  
• All referrals received by the Urgent Neurology Clinic are triaged by a neurologist | FX 403-270-1848  
*Patients will be seen at either Foothills Medical Centre or the South Health Campus* | 3-7 DAYS |
| **EXCLUSIONS**  | • Patients already assessed by either a neurologist or a neurology resident in the ER  
• Patients who already have a neurologist should be re-referred to that neurologist  
• Patients requiring ongoing neurological follow-up, or with a chronic neurological condition  
• Patients with a neurosurgical or spine problem  
• Trauma / post-concussion patients  
• Uncomplicated headaches with normal imaging of the brain  
• Typical Bell’s palsy  
• WCB, second opinions, medico-legal or independant medical assessment  
• In-patients |                                                                                       |                                                                                       |

**REFERRAL REQUIREMENTS**

**MANDATORY INFORMATION**

• Referring physician's name, address telephone and fax numbers  
• Patient’s name, date of birth, address and telephone numbers  
• Reason for referral and why urgent  
• As much clinical information as possible (including: onset, symptoms, physical exam and pertinent test results)  
• Referrals must be legible

**NOTES**

Incomplete or illegible referrals will be returned with a request for more information.

Referrals more appropriate for another neurology program will be forwarded to that program (you will be notified).

For referrals that are declined, alternate suggestions are often provided to the referring physician.
C3 Program: Comprehensive Community Care for the Frail Elderly

| Carewest Sarcee | PH 403-686-8140 | FX 403-686-8127 |
| Carewest Beddington | PH 403-520-3350 | FX 403-520-3359 |

Community program for the long term maintenance and support for frail elderly that includes a focus on professional health services, a collaborative interdisciplinary approach, and 24-hour responsibility for client needs until death or until care centre placement. Services target medically complex individuals who are at risk of losing their ability to manage independently in the community and who have a history of increased utilization of the health care system.

**NOTE: ALL POTENTIAL C3 PROGRAM CLIENTS NEED TO BE REGISTERED WITH HOME CARE PRIOR TO REFERRAL TO C3 PROGRAM.**

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SEMI-URGENT</strong></td>
<td>Client is in hospital or recently discharged from hospital and not expected to do well in community AND Agrees with routine reasons for referral listed below AND Client is registered with Home Care or is concurrently referred to Home Care</td>
<td>Home Care Case Manager makes a request through the PARIS information system to the AHS Case Manager for the C3 Program.</td>
<td>7 DAYS</td>
</tr>
<tr>
<td><strong>ROUTINE</strong></td>
<td>• Client diagnosis and medical condition is chronic and complex and requires consistent medical monitoring to maintain stabilization. • Client requires intense case management and care coordination by a team of health professionals. • Client requires in-home personal care services and/or day support services. • Family requires respite support to continue caring for their relative. • Client has been admitted to hospital and/or utilized emergency services more than once in the last 12 months. • Client lives within the geographic boundaries of the C3 Program Day Centre. AND Client is registered with Home Care or is concurrently referred to Home Care</td>
<td>For inquiries: Senior’s Team (NORTH) 403-943-2090 Senior’s Team (SOUTH) 403-943-9301</td>
<td>14 DAYS</td>
</tr>
</tbody>
</table>
C3 Program: Comprehensive Community Care for the Frail Elderly

All potential C3 Program clients need to be registered with Home Care prior to referral to C3 Program.

To Register with Home Care:

As a non-physician referral source: call Community Care Access: 403-943-1920

or

Fax Home Care Community Referral Form to: Community Care Access: 403-943-1602.

As a Physician: call Community Care Access: 403-943-1930

or

Fax Integrated Home Care Physician Referral Form to: Community Care Access: 403-943-1602

REFERRAL REQUIREMENTS

INCLUSION CRITERIA

• Client must be 65 years of age and over. Exceptions will be made for younger individuals if medical needs are appropriate for the Program.

• Client may present with signs and symptoms of cognitive impairment or be diagnosed with a cognitive impairment but their behaviour should not interfere with their ability to interact with other clients.

• All potential C3 Program clients need to be registered with Home Care prior to referral to C3 Program

EXCLUSION CRITERIA

• Client is a total lift (two people required) and does not have a caregiver available to assist in the home.

• Client lives outside the geographical area of the C3 Program Day Centre.

• Client is unable to participate in Day Program activities and/or is unable to ride the C3 Program bus to and from the Day Centre without significant supervision

C3 PROGRAM COMPONENTS

• Medical services

• Day program, including access to assistance with tub bathing

• Transportation service to Day Centre

• Designated short-term beds (respite and treatment)

• Pharmacy services

• In-home personal care services

• Emergency response and telephone support

• On-site laboratory support (e.g. phlebotomy, ECG)

CLINIC POLICIES

Potential C3 Program clients receive an initial interdisciplinary assessment to confirm eligibility. Once confirmed as eligible, clients are provisionally admitted to the C3 Program and have the opportunity to trial the C3 Program for 2 – 3 weeks to ensure a suitable fit with services.
HOME & COMMUNITY CARE supports individual wellness and independence by helping the client remain safe and independent in their own home setting for as long as possible. Alberta’s Home Care Program supports Albertans of all ages and includes an array of services including health promotion and teaching, treatments, care at end of life, rehabilitation, home support and maintenance, assistance to maintain social connections, and support for the client’s family or others who help the client out. The Home Care Program organizes health care service delivery with other health services that are available in their community.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMERGENT</td>
<td>• Client requires immediate, unplanned attention and/or medical services; and</td>
<td>Call 9-1-1 or proceed to nearest Emergency Department</td>
<td>AS SOON AS POSSIBLE</td>
</tr>
<tr>
<td></td>
<td>• Client considered at risk at home</td>
<td>(Home Care cannot accommodate emergent clients)</td>
<td></td>
</tr>
<tr>
<td>URGENT</td>
<td>• Client requires ‘same day’ medical procedure for post-surgical care (TURP,</td>
<td>Physicians</td>
<td>&lt; 24 HOURS</td>
</tr>
<tr>
<td></td>
<td>wound), HPTP, etc</td>
<td>PH: 403-943-1930</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>FX: Integrated Home Care Physician Referral Form to Community Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Access at 403-943-1602</td>
<td></td>
</tr>
<tr>
<td>SEMI-URGENT</td>
<td>• Client requires professional Home Care intervention</td>
<td>All other referrers</td>
<td>&lt; 3 DAYS*</td>
</tr>
<tr>
<td></td>
<td>• Client has been recently discharged from hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Client has no available support in the home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROUTINE</td>
<td>• Client is medically stable and has available home supports</td>
<td>PH: 403-943-1920 (or toll free at 1-888-943-1920)</td>
<td>&lt; 7 DAYS*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FX: Home Care Community Referral Form to Community Care Access at</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>403-943-1602</td>
<td></td>
</tr>
</tbody>
</table>

*NOTE The Senior Community Care Coordinator will take the urgency request under advisement and triage the client in relation to client need and staff caseloads

SERVICE LOCATIONS

While Home Care services are most commonly delivered in the client’s home setting, flexibility exists to deliver some services in a Home Care clinic. A number of clinic locations are available across the City of Calgary and in surrounding rural areas. The Home Care case manager will provide this information to Home Care clients.
Home Care

**PH 403-944-2372 or 1-888-943-1920**

**RELEVANT POLICIES**

Home Care case managers use standardized assessment tools and processes to identify the client’s needs and to link the most appropriate, available home and community services to support the individual and their family. In addition, Home Care case managers play a role in assisting clients to access necessary medical supplies or assistive equipment and technology e.g. through Alberta Aids to Daily Living (AADL).

Home Care clients may require and receive Home and Community Support Services including services directed toward meeting therapeutic recreation and socialization needs and support with activities required to live independently in the community. Home Care clients may require and receive caregiver support and respite services to help the people in the client’s personal support system stay well as they carry out their informal caregiver tasks. These services may include information and help to access services, education, skills training and respite care.

Anyone living in Alberta with a valid provincial health care card (or registration in progress) can receive Home Care services as long as their health care needs can be safely met in the home.

Normal Hours of Operation: Monday – Sunday, including statutory holidays, 8:00 am - 4:15 pm

Home Care in the Calgary Zone offers ‘After Hours’ services to support anticipated or urgent needs of existing Home Care clients. Self-referral can be made as well as referral by a family physician or other healthcare provider. Telephone 403-955-6666 (Seniors / Adults / HTPT) for general needs and (403) 955-6288 (Palliative Care) for end-of-life care needs.

**ADDITIONAL NOTES**

Professional Services include nursing, occupational therapy, physical therapy, or social work that provide the following:

- prevention, screening and intake;
- assessment of health status and/or medical conditions;
- performing treatments and procedures;
- rehabilitation to maximize function;
- medication administration
- palliative or end-of-life care
- teaching and supervising self-care;
- teaching care and procedures to family members and other caregivers; and
- teaching and supervising home support service providers providing individual care and performing assigned activities.

PERSONAL CARE SERVICES:
- personal hygiene (bathing and grooming);
- dressing;
- toileting and incontinence management;
- mobilization and transferring;
- assistance with dining, oral care; and
- assisting with medications.

TARGETED SERVICES:
- Respite care, including: adult day support; in-home day, evening, or night care; short term facility accommodation
- Skin and wound care
- Palliative / end-of-life care
- Geriatric consult service (for issues related to medical complexity or frailty and chronic disease, cognitive impairment, or repeated falls)
- Medically complex and frail elderly (C3 Program)
- Dementia / cognitive impairment
- Chronic obstructive pulmonary disease or congestive heart failure.
Long Term Care PH 403-943-1920

Long Term Care is a residential living option that provides services for people with complex unpredictable medical needs requiring 24-hour on-site Registered Nurse assessment and / or treatment.

On-site services include:

- case management / registered nurse and rehabilitation therapy
- licensed practical nurses
- 24-hour personal care and support provided by health care aides
- consultative services such as, but not limited to, geriatric / psychogeriatric outreach teams, palliative care, etc. provided through AHS

Long Term Care facilities may have secured long-term care or dementia care units. Where there are sufficient numbers, special programs may be established for long term care clients with similar complex clinical or complex functional care requirements (e.g. brain injured, ventilator-dependent).

If insufficient numbers, clients requiring these services will receive them as part of a general long term care unit or program, subject to individual assessment.

Access criteria serve as general guidelines. Each client will be individually assessed.

### Triage Category

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| ALL REFERRALS   | Clients will be assessed as not able to safely cope in their home or in a lower level living option with or without formal support. | Referral is through Transition Services:  
  - Persons in a hospital or on a rehabilitation unit may contact the transition services coordinator assigned to that unit / hospital  
  - Calgary residents call: 403-943-1920 (seven days a week)  
  - Call Community Care Access line toll-free at 1-888-943-1920 | CASE BY CASE * |

Referral can be initiated by:

- patient
- family
- friends
- health care providers
- community agencies

All referrals are considered routine

### NOTE

Consistent provincial criteria are used to prioritize clients waiting for continuing care health services or settings, including transfers between sites. Transition Services will take the requested urgency under advisement and triage the individual's assessed unmet needs in relation to available Long Term Care beds

### LOCATIONS - MULTIPLE SITES WITHIN CALGARY AND RURAL AREAS
## ACCESS CRITERIA

Clients will be assessed as not able to safely cope in their home or in a lower level living option with or without formal support.

### Medical Conditions
- Will have complex unpredictable needs but are clinically stable and can be managed safely with 24-hour on-site registered nurse and regularly scheduled and unscheduled on-site physician support
- Complex end of life care needs
- Complex medication management
- Complex nursing interventions
- Unscheduled assessments are often required to address changing resident care issues

### Functional Status
- Will have complex physical needs with care requirements that cannot be met at home or in a supportive living environment
- May require the following types of assistance with Activities of Daily Living (ADL):
  - Complex nutritional intake requirements
  - Intensive and extensive rehabilitation requirements
  - Complex elimination requirements

### Cognitive Status
- May have any stage of dementia
- May have unpredictable behaviours placing self and others at risk

### Functional Status
- Will have complex physical needs with care requirements that cannot be met at home or in a supportive living environment
- May require the following types of assistance with Activities of Daily Living (ADL):
  - Complex nutritional intake requirements
  - Intensive and extensive rehabilitation requirements
  - Complex elimination requirements

### Social Support
- Informal caregivers remain a welcome and integral contributor to the person-centred plan of care
- There may be complex family dynamics requiring 24-hours/7-days RN on-site interventions

## EXCLUSION CRITERIA FOR LONG TERM CARE

- Clients with unstable acute medical or psychiatric conditions who require acute care hospitalization

## RELEVANT POLICIES

Once a client has been assessed and approved as requiring admission to an AHS-funded bed, Transition Services will collaborate and discuss options with clients and their families before any decisions as to intended site and timing of placement are made. Efforts will be made to keep couples together whenever possible.

## ADDITIONAL NOTES:

There are Alberta residency requirements for Long Term Care centres that are AHS-funded:
- The individual must either have lived in Alberta for one year immediately before applying for benefits and lived in Canada for at least ten years, or
- The individual must have lived in Alberta for three consecutive years at any time before applying for benefits
- Residents in Long Term Care pay a fee to cover the costs of providing accommodations and services like meals, housekeeping, and building maintenance.
Supportive Living Level 3 PH 403-943-1920 or 1-888-943-1920

Supportive living level 3 is a residential living option that provides 24-hour on-site scheduled and unscheduled personal care and support services provided by health care aides. Some settings may have a secured environment.

Professional health services include 24-hour on-call registered nurse services. Alberta Health Services provides case management / registered nurse and other consultative services such as, but not limited to, geriatric / psychogeriatric outreach teams, palliative care, etc.

Key access criteria serve as general guidelines. Each client will be individually assessed.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL REFERRALS</td>
<td>Clients will be assessed as not able to safely cope in their home or lower level living option with or without informal support. They also will be assessed as requiring 24-hour personal care and support in a supportive, structured, and supervised environment. Referral can be initiated by: • patient • family • friends • health care providers • community agencies All referrals are considered routine</td>
<td>Referral is through Transition Services: • Persons in a hospital or on a rehabilitation unit may contact the transition services coordinator assigned to that unit / hospital • Calgary residents call: 403-943-1920 (seven days a week) • Call Community Care Access line toll-free at 1-888-943-1920</td>
<td>CASE BY CASE *</td>
</tr>
</tbody>
</table>

*NOTE Consistent provincial criteria are used to prioritize clients waiting for continuing care health services or settings, including transfers between sites. Transition Services will take the requested urgency under advisement and triage the individual’s assessed unmet needs in relation to available Long Term Care beds

LOCATIONS - MULTIPLE SITES WITHIN CALGARY AND RURAL AREAS
Supportive Living Level 3  PH 403-943-1920 or 1-888-943-1920

**ACCESS CRITERIA**

Clients will be assessed as not able to safely cope in their home or lower level living option with or without informal support. They also will be assessed as requiring 24-hour personal care and support in a supportive, structured, and supervised environment.

**Medical Conditions**

- Medical condition is stable and appropriately managed without a 24-hour on-site registered nurse or licensed practical nurse
- End of life care needs

**Cognitive Status**

- May have mild dementia but behaviourally stable
- No known risk of elopement but may wander; is easily redirected
- No known risk of self-harm or harm to others

**Functional Status**

- Mobilizes independently or with one-person transfer
- Requires unscheduled personal care

**Social Support**

- Informal caregivers remain a welcome and integral contributor to the person-centred plan of care

**EXCLUSION CRITERIA**

- Complete meal assistance
- Mechanical lift transfer / two-person transfer
- Chronic, unmanaged incontinence not amenable to interventions

**RELEVANT POLICIES**

Once a client has been assessed and approved as requiring admission to an AHS-funded bed, Transition Services will collaborate and discuss options with clients and their families before any decisions as to intended site and timing of placement are made. Efforts will be made to keep couples together whenever possible.

**ADDITIONAL NOTES:**

- Residents in Supportive Living are required to have their own family physician and provide their own furniture.
- Residents in Supportive Living pay a fee to cover the costs of providing accommodations and services like meals, housekeeping, and building maintenance. There are also additional costs for medications and medical surgical supplies.
Supportive Living Level 4 / Level 4 Dementia

PH 403-943-1920 or 1-888-943-1920

Supportive living level 4 is a residential living option that provides 24-hour, on-site, scheduled and unscheduled professional and personal care and support services provided by licensed practical nurses and health care aides.

Services include 24-hour on-call registered nurse services. Alberta Health Services provides case management / registered nurse and other consultative services such as, but not limited to, geriatric / psychogeriatric outreach teams, palliative care, etc.

Key access criteria serve as general guidelines. Each client will be individually assessed.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| ALL REFERRALS   | Clients will be assessed as not able to safely cope in their home or lower level living option with or without informal support. They also will be assessed as requiring 24-hour personal care and support in a supportive, structured, and supervised environment. Referral can be initiated by: | Referral is through Transition Services:  
• Persons in a hospital or on a rehabilitation unit may contact the transition services coordinator assigned to that unit / hospital  
• Calgary residents call: 403-943-1920 (seven days a week)  
• Call Community Care Access line toll-free at 1-888-943-1920 | CASE BY CASE * |

*NOTE
Consistent provincial criteria are used to prioritize clients waiting for continuing care health services or settings, including transfers between sites. Transition Services will take the requested urgency under advisement and triage the individual’s assessed unmet needs in relation to available Long Term Care beds.

LOCATIONS - MULTIPLE SITES WITHIN CALGARY AND RURAL AREAS
Supportive Living Level 4 / Level 4 Dementia

**ACCESS CRITERIA**

Clients will be assessed as not able to safely cope in their home or lower level living option with or without informal support. They also will be assessed as requiring 24-hour personal care and support in a supportive, structured, and supervised environment.

**Medical Conditions**

- May be complex but are stable and appropriately managed safely through an interdisciplinary, person-centred plan of care
- Unscheduled professional assessments may be required to adjust the plan of care
- End of life care needs

**Cognitive Status**

- May have varying levels of dementia but are behaviourally stable
- Minimal risk for elopement but may wander; is easily redirected
- Minimal risk of self-harm or harm to others

**Functional Status**

- Will have complex physical care needs that cannot be met at home or in a lower level of supportive living. May require the following types of assistance with Activities of Daily Living:
  - Complete meal assistance, including tube feeding
  - Mechanical lift transfer /two-person transfer
  - Total assistance to mobilize
  - Medication assistance or administration
  - Chronic unmanaged incontinence

**Social Support**

- Informal caregivers remain a welcome and integral contributor to the person-centred plan of care

**EXCLUSION CRITERIA**

- Unpredictable behaviour placing self and others at risk
- Require intensive and/or extensive rehabilitation services that cannot be easily accessed

**SUPPORTIVE LIVING LEVEL 4 DEMENTIA**

Supportive Living Level 4 Dementia differs from Supportive Living Level 4 above only in that it provides a purposeful home-like design with small groupings of private bedrooms and associated spaces in a secured therapeutic environment for those with moderately to severely impaired cognition.

**Expected Cognitive Status for Supportive Living Level 4 Dementia**

- Will have moderate dementia that may progress to later stages or other forms of cognitive impairment
- Lacks awareness of personal space of others
- Will have unpredictable behaviours, including wandering which may include risk for elopement
- May have unpredictable behaviours placing self and others at risk, but manageable in this environment

**RELEVANT POLICIES**

Once a client has been assessed and approved as requiring admission to an AHS-funded bed, Transition Services will collaborate and discuss options with clients and their families before any decisions as to intended site and timing of placement are made. Efforts will be made to keep couples together whenever possible.

**ADDITIONAL NOTES:**

- Residents in Supportive Living are required to have their own family physician and provide their own furniture.
- Residents in Supportive Living pay a fee to cover the costs of providing accommodations and services like meals, housekeeping, and building maintenance. There are also additional costs for medications and medical surgical supplies.
Services aim to assess the likelihood of an inherited predisposition to cancer in a family, based on patient and family history. The option of genetic testing is offered when appropriate, to help determine cancer risks. Patients are provided with screening and/or risk reduction guidelines aimed at minimizing their cancer risk. This service also provides referrals to appropriate medical and support resources.

Common indications for physician referrals include:
- Cancer presenting at an unusually young age
- Multiple primary cancers in an individual
- Multiple family members with the same or associated cancer (e.g. breast and ovarian cancer)
- Members of a family with a known inherited cancer syndrome, for the option of predictive genetic testing

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>URGENT</td>
<td>Patients with palliative diagnoses, and/or patients known to be at risk for a familial gene mutation, and/or patients with an “urgent referral”, as per referring doctor</td>
<td>PH 403-955-7373 FX 403-955-2701</td>
<td>&lt; 1-2 WEEKS</td>
</tr>
<tr>
<td>ROUTINE</td>
<td>Assessment &amp; genetic counselling services for children and adults to determine the likelihood of an inherited predisposition to cancer in a family, based on patient and family history</td>
<td>PH 403-955-7373 FX 403-955-2701</td>
<td>Wait list  &lt; 6 MONTHS after receipt of completed family history form, depending on triage status.</td>
</tr>
</tbody>
</table>

**REFERRAL REQUIREMENTS**

Pertinent medical records (i.e. cancer pathology, consultation letters), number of family members affected with cancer and types, approximate ages at diagnosis, and details of relationship (i.e. maternal aunt, versus aunt). Urgent referrals aside, appointments are not booked until patient returns a completed family history form, sent when referral is received.
Cardiovascular Genetics Clinic

Provides diagnosis, genetic counselling, and appropriate referrals for families with suspected or proven inherited cardiomyopathy and arrhythmias (e.g. hypertrophic cardiomyopathy and long QT syndrome).

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>URGENT</td>
<td>Genetic diagnosis required to determine further medical/surgical/diagnostic interventions</td>
<td>Page Geneticist on call: 403-955-7211 or PH 403-955-7373 FX 403-955-2701</td>
<td>WARD CONSULT</td>
</tr>
<tr>
<td>ROUTINE</td>
<td>Patients known to be at risk for an inherited cardiomyopathy, for which a familial gene mutation has been identified</td>
<td>PH 403-955-7373 FX 403-955-2701</td>
<td>4-12 WEEKS</td>
</tr>
<tr>
<td></td>
<td>Diagnosis &amp; genetic counselling services for family history of a suspected inherited cardiomyopathy or arrhythmias.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children and adults presenting with symptoms of a confirmed family history of an inherited cardiomyopathy and arrhythmias (e.g. hypertrophic cardiomyopathy and long QT syndrome).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REFERRAL REQUIREMENTS

Medical records/consultations and diagnostic testing reports related to referral.
# Connective Tissue Disorders Clinic

Genetic diagnosis and counselling services for children and adults suspected of having or at risk for a genetic connective tissue disorder such as Marfan syndrome, Ehlers Danlos syndrome

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>URGENT</td>
<td>Genetic diagnosis required to determine further medical/surgical/diagnostic interventions</td>
<td>Page Geneticist on call: 403-955-7211 or PH 403-955-7373</td>
<td>WARD CONSULT EMERGENCY-SAME OR WITHIN 1 DAY</td>
</tr>
<tr>
<td>ROUTINE</td>
<td>Diagnosis &amp; genetic counselling services for children and adults presenting with symptoms or a confirmed family history of a genetic connective tissue disorder such as Marfan syndrome, Ehlers Danlos syndrome</td>
<td>PH 403-955-7373 FX 403-955-2701</td>
<td>WITHIN 3 MONTHS</td>
</tr>
</tbody>
</table>

## REFERRAL REQUIREMENTS

Medical records/consultations and diagnostic testing reports related to referral.
General Genetics and Dysmorphology | PH 403-943-8375
---|---
Foothills Medical Centre* | PH 403-943-8375 FX 403-943-8376
Outreach Clinic Lethbridge** | PH 403-388-6652 FX 403-320-0145
Outreach Clinic Medicine Hat** | PH 403-502-8210 FX 403-528-2250
Outreach Clinic Red Deer** | PH 403-314-5228 FX 403-346-8830

Genetic diagnosis and counselling services for:

- newborns, children and adults with a suspected or confirmed genetic condition.
- 24/7 ward consults for infants born with a suspected or confirmed genetic condition.
- individuals/families with a confirmed diagnosis including hemochromatosis, hemoglobinopathies, single gene disorders (fragile x syndrome, cystic fibrosis, muscular dystrophies)

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>URGENT</td>
<td>Diagnostic and genetic counselling services by ward consult for: Newborn (livebirth or stillbirth) with suspected genetic condition (eg. Trisomy 21, multiple birth defects, dysmorphic features) Genetic diagnosis required to determine further medical/surgical/diagnostic interventions</td>
<td>Page Geneticist on call: 403-955-7211 or PH 403-955-7373</td>
<td>WARD CONSULT EMERGENCY-SAME OR WITHIN 1 DAY.</td>
</tr>
<tr>
<td>ROUTINE</td>
<td>Diagnosis &amp; genetic counselling services for: Children and adults presenting with symptoms of or a confirmed family history of a neurological/neuromuscular such as Huntington disease, Charcot Marie Tooth, Spinal muscular atrophy, Parkinsons disease Predictive testing for Huntington disease, familial ALS, and other neurocognitive disorders</td>
<td>PH 403-955-7373 FX 403-955-2701</td>
<td>Low risk &lt; 9 MONTHS</td>
</tr>
</tbody>
</table>

REFERRAL REQUIREMENTS

- Medical records/consultations and diagnostic testing reports related to referral.
**Inherited Metabolic Disorder Clinic (IMDC) PH 403-955-7696**

*Telehealth consultation available*

The IMDC is a multidisciplinary diagnostic, assessment and treatment clinic for Albertans across the lifespan with a suspected or confirmed inherited metabolic disease. Physician referrals received from within Alberta and southeastern Saskatchewan and southwestern British Columbia catchment areas for:

- Individuals/families affected with an inherited metabolic disorder,
- Individuals, regardless of age at risk with an inherited metabolic disorder based on family history or other presenting indications
- Newborns at risk for an inherited metabolic disorder based on a positive newborn metabolic screen

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EMERGENT</strong></td>
<td>NICU babies with:</td>
<td>Page Metabolic Physician on call: 403-955-7211</td>
<td>WARD CONSULT</td>
</tr>
<tr>
<td></td>
<td>• Elevated ammonia, lactate</td>
<td></td>
<td>SAME DAY (EMERGENCY)</td>
</tr>
<tr>
<td></td>
<td>• New onset seizures*</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Hypoglycemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Hepatomegaly</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• None diagnosis in crises (eg. urea cycle disorder)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>URGENT</strong></td>
<td>• Positive newborn metabolic screen</td>
<td>Fax referral to: 403-955-3091</td>
<td>SAME DAY OR &lt; 2 DAYS</td>
</tr>
<tr>
<td></td>
<td>Page metabolic physician on call: 403-955-7211</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SEMI URGENT</strong></td>
<td>• PKU with inter-current illness</td>
<td>PH 403-955-7696</td>
<td>DEPENDENT ON IDENTIFIED NEED</td>
</tr>
<tr>
<td></td>
<td>• Noncompliant PKU or other patient receiving prescribed metabolic formula</td>
<td>Outside clinic hours page metabolic physician on call: 403-955-7211</td>
<td></td>
</tr>
<tr>
<td><strong>ROUTINE</strong></td>
<td>• New and follow up referrals not triaged into above categories.</td>
<td>PH 403-955-7696</td>
<td>TRIAGE WAIT LIST FOR LOW RISK PATIENTS.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FX 403-955-3091</td>
<td></td>
</tr>
</tbody>
</table>

**REFERRAL REQUIREMENTS**

- Referring source to provide all past medical history, consultations and relevant screening/diagnostic tests.

**SUBSPECIALTY IMDC CLINICS INCLUDE:**

- Lysosomal Storage Diseases Clinic
- Mitochondrial Diseases Clinic
- Phenylketonuria Clinic
- Metabolic and Genetic Bone Disease Clinic

**SUBSPECIALTY PROCEDURES (ONLY FOR PATIENTS BEING INVESTIGATED FOR METABOLIC DISEASES):**

- skin biopsy
- lumbar puncture
- needle muscle biopsy
Neurogenetics Clinic

Diagnosis and genetic counselling services for:

- Children and adults presenting with symptoms of or a family history of inherited neurological/neuromuscular conditions such as: Charcot Marie Tooth Disease, cerebellar ataxias, muscular dystrophies etc.
- Provides predictive testing protocol for Huntington disease, familial ALS, and other neurocognitive disorders. The predictive testing protocol involves a four visit process.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| URGENT          | Diagnostic and genetic counselling services by ward consult for: | Page Geneticist on call: | WARD CONSULT
|                 | • Newborn suspected with neurological/neuromuscular condition | 403-955-7211 | EMERGENCY-SAME OR WITHIN 1 DAY. |
|                 | • Genetic diagnosis required to determine further medical/surgical/diagnostic interventions | or | |
|                 | ** Routine** Diagnosis & genetic counselling services for: | PH 403-955-7373 | |
|                 | • Children and adults presenting with symptoms of or a confirmed family history of a neurological/neuromuscular such as Huntington disease, Charcot Marie Tooth, Spinal muscular atrophy, Parkinsons disease) | PH 403-955-7373 | Low risk
|                 | • Predictive testing for Huntington disease, familial ALS, and other neurocognitive disorders | FX 403-955-2701 | < 9 MONTHS |

REFERRAL REQUIREMENTS

- Medical records/consultations and diagnostic testing reports related to referral.
Ophthalmology Genetics Clinic

Diagnosis and genetic counselling services for:

- children and adults presenting with symptoms or a confirmed family history of inherited eye conditions, such as retinitis pigmentosa, Stargardt disease, Best disease etc.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROUTINE</td>
<td>Diagnosis &amp; genetic counselling services for children and adults presenting with symptoms or a confirmed family history of an inherited eye condition</td>
<td>PH 403-955-7373, FX 403-955-2701</td>
<td>6 MONTHS</td>
</tr>
</tbody>
</table>

REFERRAL REQUIREMENTS

- Medical records/consultations and diagnostic testing reports related to referral.
Physician/self referrals within Southern Alberta for pregnant women and women contemplating pregnancy requiring genetic consultation regarding:

- A confirmed or family history of a genetic condition of concern whereby risk and options for prenatal testing can be explored.
- At risk for a genetic diagnosis based on a positive prenatal screen, including ultrasound.
- A confirmed abnormal genetic condition following prenatal diagnosis, including ultrasound.
- Concern relating to a potential teratogen exposure.
- Preconception counselling for maternal or paternal health history (eg. epilepsy, diabetes, radiation exposure)

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| URGENT          | Genetic counselling to review results & discuss management options following an abnormal prenatal diagnosis result from amniocentesis/ CVS. | Phone: 403-943-8375  
Fax: 403-943-8376 | SAME OR < 2 DAYS |
|                 | Genetic counselling and/or diagnostic services for a suspected or confirmed anomaly(ies) detected by ultrasound | Phone counselling and/or 1:1 counselling available.  
Phone: 403-943-8375  
Fax: 403-943-8376 | < 2-5 DAYS |
<p>| SEMI URGENT     | Genetic Counselling services for: |
|                 | Positive first trimester screen |
|                 | Detected soft marker (eg. increased nuchal translucency) |
|                 | Teratogen query (eg. alcohol, antiepileptic, SSRI, radiation exposure) |
|                 | Maternal chronic condition placing pregnancy at increased risk (eg. Type 2 diabetes, Epilepsy, parent with a birth defect/genetic condition) |
|                 | Family history of a genetic condition |
|                 | Woman interested in risk information and possible prenatal diagnosis options (eg. of Fragile X, Duchenne muscular dystrophy, hemoglobinopathies) |</p>
<table>
<thead>
<tr>
<th>ROUTINE</th>
<th>Phone: 403-943-8375</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preconception counselling for family history, maternal health condition of concern</td>
<td>Fax: 403-943-8376</td>
</tr>
</tbody>
</table>

**REFERRAL REQUIREMENTS**

- Prenatal record
- Ultrasound reports
- ABO
- Other completed blood work
- Medical records & relevant consults
- If patient is concerned re: familial genetic condition, relevant documentation of the condition in affected family member
- Medical records & relevant consults
- If patient is concerned re: familial genetic condition, relevant documentation of the condition in affected family member
Access Mental Health: Addiction & Mental Health Services  PH 403-943-1500

Access Mental Health is a central point of access to addiction and mental health information, options, consultation and referrals in the Calgary zone. Mental Health clinicians are available by telephone to assess an individual’s current clinical need and will recommend the most appropriate location to get that need met most effectively and efficiently. The service is available to individuals across the lifespan and across levels of need.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMERGENT</td>
<td>Clinical situation where there is an imminent risk of serious harm or death to self or others.</td>
<td>CONNECT PATIENT WITH IMMEDIATE RESOURCES</td>
<td>DIRECT TO EMERGENCY SERVICES</td>
</tr>
<tr>
<td></td>
<td>• serious suicidal states</td>
<td>• 911</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• violent states or states of seriously impaired judgment</td>
<td>• Emergency department</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• delirium, dementia, or acute psychosis</td>
<td>• Urgent Care Centre</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• severe dissociative state</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• querying admission to hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>URGENT</td>
<td>Acute but not necessarily severe disorders or issues that necessitate the need for urgent attention to prevent further decompensation</td>
<td>Connect patient with Urgent Services:</td>
<td>IMMEDIATE/SAME DAY</td>
</tr>
<tr>
<td></td>
<td>• displaying some signs of psychosis</td>
<td>• Mobile Response Team Professional Line (403) 297-2940</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• suicidal ideation without intent</td>
<td>Public access thru Distress Centre (403) 266-4357 (HELP)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• postpartum depression</td>
<td>• Mental Health Urgent Care (SCHC)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>31 Sunpark Plaza SE</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Urgent Mental Health (SMCHC)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1213 - 4th Street SW</td>
<td></td>
</tr>
</tbody>
</table>
Access Mental Health: Addiction & Mental Health Services  PH 403-943-1500

Requesting addiction/mental health support
- mild to moderate mood disorder
- anxiety disorder
- non-acute psychosis disorder
- medication consultation.
* Patient requires treatment for ongoing life stressors and is not in an acute state.

Fax referral to Access Mental Health:
403-943-9044

Or
Call Access Mental Health: 403-943-1500
Monday-Friday 8:00am-5:00pm

5-10 DAYS*
* For referral to be processed by Access Mental Health and directed to appropriate resource.
* Appointments to be booked by receiving program who have and maintain their own waitlist (varying times).

REFERRAL REQUIREMENTS

MANDATORY INFORMATION
- Suicidal/self injury risk assessment
- Substance use or abuse
- Is the client involved with the legal system?
- Is the client their own legal guardian? If not who is?
- If child, is Child & Family Services involved?

ADDITIONAL INFORMATION
- Relevant symptoms
- Attach any psychiatric consultations, reports or hospital admission records within past year (lab work not required).
Alberta Healthy Living Program

The Alberta Healthy Living Program serves individuals diagnosed with chronic conditions and consists of 3 complimentary pillars:
- Education Classes
- Better Choices, Better Health® Self Management Program
- Exercise Program

Participation in all 3 pillars is recommended to best manage a chronic condition.

Additional Services:
- Dietitian counselling
- Some programming is offered in Chinese and Punjabi

For adults with a chronic condition able to function in a group setting. Chronic condition not required to participate in education classes and self-management workshops (Better Choices, Better Health®)

See complete program information for all inclusion and exclusion criteria.

**How?** In a group setting. Patients can take any part or all parts of the program in any order.

**Where?** The program is offered at various locations and times of the day, in the Calgary Zone.

<table>
<thead>
<tr>
<th>Triage Category</th>
<th>Reason for Referral</th>
<th>Process</th>
<th>Approximate Time to Be Seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL REFERRALS</td>
<td>Referral can be initiated by:</td>
<td>• Call 403-943-2584 (403-9-HEALTH) OR</td>
<td>PATIENT IS CONTACTED WITHIN 2 BUSINESS DAYS OF RECEIPT OF REFERRAL</td>
</tr>
<tr>
<td></td>
<td>• physicians</td>
<td>• Fax to: 403-955-6868</td>
<td>Illegible and/or incomplete referrals will be returned to source.</td>
</tr>
<tr>
<td></td>
<td>• health-care providers</td>
<td></td>
<td>Patient should have knowledge about the program and agree to program involvement</td>
</tr>
<tr>
<td></td>
<td>• patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• caregivers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>All referrals are considered routine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**LOCATIONS - MULTIPLE SITES WITHIN THE CALGARY ZONE**

**INCLUSION CRITERIA**
- Must have at least one chronic condition, except for education classes and self management workshops (Better Choices, Better Health®)
- Must be 18 years of age or older
- Must be cognitively capable of participating in group setting, except for one-on-one dietitian counselling
- Must be able to handle group situations without disrupting the class or group process and behave appropriately in a social setting
- Must have at least basic English except for programs offered in other languages
- Cantonese/Mandarin - Some education topics, Better Choices, Better Health® and dietitian counselling
- Hindi/Punjabi - Some education topics, Better Choices, Better Health® and dietitian counselling
EXCLUSION CRITERIA

Patients will be assessed on an individual basis; however, the following patients do NOT meet our eligibility criteria for the service:

- Patients with developmental disabilities
- Patients with dementia or other memory issues who are unable to remember appointment times, or retain and utilize the tools and skills provided

SERVICE INFORMATION

SUPERVISED EXERCISE PROGRAM

$80.00

Subsidies available to those who qualify.

Classes are led by health-care professionals and fitness leaders

Three types of exercise classes are offered:

- **Easy Going** - For individuals who can weight bear and ambulate independently with or without a walking aid. If clients are ambulatory but require assistance with transfers they will be assessed for appropriateness and will require a support person to attend with them. Focus is primarily on improving mobility and balance.

- **Get Going** - For individuals with some limitations to exercise who require a moderate level of monitoring. Focus is primarily on aerobic endurance, muscular strength/endurance, flexibility and balance.

- **Keep Going** - For individuals with some limitations to exercise that require minimal supervision. Focus is primarily on improving aerobic endurance, muscular strength/endurance, flexibility and balance.

MANDATORY CRITERIA FOR EXERCISE PROGRAM:

- All patients need to be ambulatory
- Exercise classes are only held on week days during the day
- If patient requires a caregiver, then caregivers are required to stay with patient during these sessions
- Program is 9-12 weeks; patients attending sessions will require ability to transition out of this service after this time frame. Patients will be supported through this transition
- Patients with notable cognitive deficits should have a mini-mental state examination completed within 3 months of the referral to Alberta Healthy Living Program. Patients with scores >24 are eligible for participation.
- To expedite triage, send the following results with the exercise referral (if available and less than 2 years old): Exercise stress test, myocardial perfusion imaging, pulmonary function test (for patients diagnosed with asthma or COPD)
Alberta Healthy Living Program

DISEASE-SPECIFIC AND GENERAL EDUCATION CLASSES

Free

Classes are offered in a variety of formats for varying lengths of time depending on the topic.

Classes are interactive and led by a variety of health professionals

Topics Include:
- Arthritis
- Blood Pressure
- Celiac Disease
- Cholesterol
- Chronic Pain
- Diabetes
- Emotional Eating
- Energy Conservation
- Falls Prevention
- Hoping and Coping
- Irritable Bowel Syndrome
- Kidney Health
- Lung Disease
- Non-alcoholic Fatty Liver Disease
- Nutrition
- Osteoporosis
- Parkinson’s Disease
- Pre-diabetes
- Sleep Hygiene
- Smoking Cessation
- Stress Management
- Stroke
- Weight Management

If referring patients for counselling and education related to diabetes, hypertension and cholesterol, review criteria for Diabetes, Hypertension and Cholesterol Centre (DHCC)

SELF MANAGEMENT – BETTER CHOICES, BETTER HEALTH®

Free

2.5 h/wk for 6 weeks

Workshops are led by trained leaders and most have a chronic health condition

This is not a support group program

Disease-specific workshops are also available for patients with chronic pain

Patients learn and practice the skills they need to take control and live successfully with their chronic conditions

Topics:
- Goal setting and problem solving
- Coping with pain and fatigue
- Managing difficult emotions such as frustration and fear
- Making decisions
- Positive thinking skills
- Communication and creating positive relationships with the health care team

DIETITIAN COUNSELLING

Free Nutrition counselling for conditions including the following:

- celiac disease
- diabetes
- dyslipidemia
- fatty liver
- food allergy/intolerance
- GI diseases (colitis, constipation, Crohn’s disease, diarrhea, diverticular disease, gastroesophageal reflux disease, irritable bowel syndrome, etc.)
- gout
- hepatitis
- hypertension
- hypoglycemia
- kidney health
- kidney stones
- liver cirrhosis
- malnutrition
- obesity
- pancreatitis
- pre-diabetes (IFG/IGT)
- prenatal weight related concerns*
- renal (GFR > 30)
- short bowel
- sleep apnea
- unexplained weight loss
Calgary Ambulatory Lymphedema Service (CALS)  PH 403-955-6052

The Calgary Ambulatory Lymphedema Service is a physician-led specialized ambulatory community rehabilitation service providing assessment and treatment for patients with PRIMARY and NON-CANCER related lymphedema. The service is available to Albertans in Calgary and Southern Alberta.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEMI-URGENT</td>
<td>Patient with lymphorrhea - escaping lymph fluids through a cut on the skin</td>
<td>FX 403-955-6910</td>
<td>&lt; 2 WEEKS</td>
</tr>
<tr>
<td>ROUTINE</td>
<td>Primary or non-cancer related lymphedema</td>
<td></td>
<td>&lt; WEEKS BASED ON CURRENT CASELOAD</td>
</tr>
</tbody>
</table>

**REFERRAL REQUIREMENTS**

**ALL REFERRALS**

- Lower Extremity Vascular Assessment to be requested by referring clinician and completed by Radiology/Vascular, showing ABI >0.5
- Renal Function tests (creatinine, BUN) and liver function tests to be done before referral – must indicate that renal and liver function is not contraindicated for Complex Decongestive Therapy. If test is abnormal then some clinical judgment would need to be made by the lymphedema physician to decide whether they are contraindications to any compression treatment (to avoid fluid overload).

**ADDITIONAL NOTES**

Please ensure that the patient has the following medical clearance before referring (refer to 'specific tests required' for referral):

- Deep Vein Thrombosis medically managed or stable, and is not contraindicated
- Liver and Renal functions medical managed, stable, and is not contraindicated
- Congestive Heart Disease medically managed, stable, and is not contraindicated

**RELEVANT CLINIC POLICIES**

- Cancellation notification required at least 24 hours prior to appointment. The referring physician can cancel the referral by calling 403-955-6052. The patient can cancel their appointment by calling 403-955-6052.
- Patient will be discharged from service if there are two (2) events of “No Shows” or Patient Cancellations. The referring physician’s office will be informed of the discharge. (Compliance with attendance is key to best outcomes and service efficiency for all patients who are will rely on this service.)
Calgary Headache Assessment & Management Program  PH 403-956-3462

CHAMP is designed to assist family physicians in the diagnosis and management of patients (ages 18 and over) with difficult headache and facial pain problems. Patients will be triaged to the various parts of the program and physician consultation will be expedited as necessary based upon information from the referring physician.

Please note CHAMP does NOT accept out of province referrals.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| **EMERGENT**    | • Thunderclap headache (severe headache with peak intensity within seconds to 5 minutes from onset)  
                   • Headache with fever and meningismus  
                   • Headache with papilledema, altered level of consciousness and / or focal signs  
                   • Signs of acute glaucoma | Send to Emergency immediately                        | SAME DAY                    |
| **URGENT**      | New headache or recent change in headache pattern in a patient with:  
                   • Relevant systemic illness, cancer  
                   • Possible temporal arteritis and visual symptoms (over age 50)  
                   • Papilledema in an alert patient without focal signs | Refer to urgent neurology clinic or discuss with neurologist on call | 2-6 DAYS                    |
| **SEMI-URGENT** | • Suspected cluster headache or other trigeminal autonomic cephalalgias  
                   • Suspected temporal arteritis with headache but no other neurological symptoms  
                   • Orthostatic headache (worse on standing) suggestive of intracranial hypotension (CSF leak).  
                   • Unexplained neurological examination findings in an alert patient with headache without systemic disease or papilledema  
                   • Headache precipitated (not just aggravated) by cough, exertion, or straining  
                   • Headache worse with lying down  
                   • Patients with severe facial pain syndromes  
                   • Other patients may be expedited based upon information from the referring physician | Fax referral to CHAMP with appropriate triage information.  
                   FX 403-956-3497 | 1 - 8 WEEKS                   |
| **ROUTINE**     | Patients with migraine, tension-type headache, and other chronic headache syndromes with significant headache related disability. | FX 403-956-3497 | 2 MONTHS*                   |

*Patients will be invited to an education seminar within 2 months, and can access other program components after that. Patients will be triaged as appropriate and physician consultation will occur later. For some patients, physician consultation may occur in a group setting.
Calgary Headache Assessment & Management Program  
PH 403-956-3462

NOT SEEN
- Patients who do not have a current Alberta Health Care number
- Patients under the age of 18

REFERRAL REQUIREMENTS

NOTE
The information on the next page is required to triage patients to the appropriate parts of our multidisciplinary program. For your convenience, this page may be completed and faxed with your patient demographic information. Please note that CHAMP does NOT accept out of province referrals.

MANDATORY INFORMATION
- Reason for referral
  - Migraine
  - Tension-type headache
  - Both migraine & tension-type headache
  - Cluster and related headaches (individual attack duration 3 hours or less)
  - Hemicrania continua (continuous unilateral headache, always on the same side)
  - Facial pain syndrome
  - Other diagnosis (please specify if possible)
- Days with headache per month
- Medication use
  - Combination of analgesics, codeine-containing analgesics, triptans, tramadol, or ergotamines on 10 days a month or more
  - Plain acetaminophen or NSAIDs on 15 days a month or more
  - Opioids other than codeine on 10 days a month or more

ADDITIONAL REQUIRED INFORMATION
- Has the patient suffered a previous neck or head injury which appears related to the current headache problem?
- Orthostatic headache (worse on standing) suggestive of intracranial hypotension with CSF leak
- Are there unexplained neurological examination findings? If yes - list findings
- Whether headache is precipitated (not just aggravated) by cough, exertion, or straining
- Headache worse with lying down?
- Patient's age at onset of current type of headache
- If an interpreter is required, and for which language

PLEASE ATTACH TO REFERRAL
- Previous neuroimaging reports and consultation letters
- Medications tried in the past and their effectiveness
**CALGARY HEADACHE ASSESSMENT AND MANAGEMENT PROGRAM (CHAMP) FAX 403-956-3497**

**Patient Name (last, first)______________________________**

**Main reason for referral ______________________________**

*Please send copies of previous neuroimaging reports, consultation letters, and information on medications tried in the past and their effectiveness or not*

**PROVISIONAL HEADACHE DIAGNOSIS (check one):**

- [ ] Migraine
- [ ] Tension-type headache
- [ ] Both migraine and tension-type headache
- [ ] Cluster and related headaches (Individual attack duration 3 hours or less)
- [ ] Hemicrania continua (continuous unilateral headache, always on same side)
- [ ] Facial pain syndrome
- [ ] Other diagnosis (specify if possible)______________________________

**DAYS WITH HEADACHE PER MONTH (circle one):**

- [ ] 0 - 5
- [ ] 6 – 10
- [ ] 11 – 14
- [ ] 15 - 29 but not every day
- [ ] Every day
- [ ] Facial pain syndrome

**ACUTE (SYMPTOMATIC) MEDICATION USE (check all that apply)**

- [ ] Yes  [ ] No  
  Patient uses combination analgesics, codeine-containing analgesics, triptans, tramadol, or ergotamines on 10 days a month or more.

- [ ] Yes  [ ] No  
  Patient uses plain acetaminophen or NSAIDs on 15 days a month or more.

- [ ] Yes  [ ] No  
  Patient uses opioids other than codeine on 10 days a month or more.

**OTHER (check all that apply)**

- [ ] Yes  [ ] No  
  Has the patient suffered a previous neck or head injury which appears related to the current headache problem?

- [ ] Yes  [ ] No  
  Orthostatic headache (worse on standing) suggestive of intracranial hypotension with CSF leak

- [ ] Yes  [ ] No  
  Unexplained neurological examination findings, if yes - list findings

- [ ] Yes  [ ] No  
  Headache precipitated (not just aggravated) by cough, exertion, or straining

- [ ] Yes  [ ] No  
  Headache worse with lying down

**Patient’s age at onset of current type of headache ____________**

- [ ] Yes  [ ] No  
  Able to communicate well in English? Language spoken __________________

**Other relevant information for CHAMP patient triage ________________________________**
The Chronic Pain Centre is a consult service. Referrals will initially be triaged to one of two care pathways:

- A self-management approach to pain. Patients are required to attend an orientation presentation where they will receive a pre-assessment questionnaire which must be completed and returned prior to continuing the program.
- A medical management focus. These patients will be sent a pre-assessment questionnaire which needs to be completed and returned prior to being given an initial assessment appointment.

Our aim is to support the family practitioner in the long term management of chronic pain through a collaborative approach. the family practitioner will be asked to continue prescribing medications and follow through on suggestions provided by the Chronic Pain Centre.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAST TRACK</td>
<td>To be determined by the Pain Centre triage process based on information provided</td>
<td>Fax referral 403-209-2954 (marked urgent) To discuss call 403-943-9930</td>
<td>&lt; 2–3 MONTHS after return of triage questionnaire</td>
</tr>
<tr>
<td>ROUTINE</td>
<td>Headaches &gt; 15 days/month</td>
<td>FX 403-209-2954</td>
<td>&lt; 6–10 MONTHS</td>
</tr>
<tr>
<td></td>
<td>Pelvic or Vulvar Pain – Must have seen a community gynecologist</td>
<td>FX 403-209-2954</td>
<td>&lt; 3–8 MONTHS</td>
</tr>
</tbody>
</table>
|                  | Non-malignant chronic pain  
  - Musculoskeletal pain  
  - Neuropathic pain  
  - Complex regional pain syndrome  
  - Post herpetic neuralgia  
  - Spinal pain  
  - Limb pain  
  - Abdominal/plexus pain  
  - Myalgias  
  - Peripheral neuropathies  
  - Consideration for spinal cord stimulator  
  - Facial pain  
  - Radiculopathy | FX 403-209-2954 | 3–6 MONTHS to enter the program. Up to 14 months to see a physician |

**REFERRAL REQUIREMENTS**

**ADMISSION CRITERIA**
- not have an Active WCB Claim
- It is essential to attach all relevant Diagnostic Imaging and Consult Letters in order to appropriately triage your referral.
- have a family doctor who is prepared to work with the treatment team, provide follow-up and is willing to prescribe opioids if these are indicated and prove successful
- be cognitively capable of participating in assessment and treatment
- be in stable medical condition not have a mental health condition that would preclude participation in assessment and treatment
- not have an active (ie unstable or untreated) substance addiction
- have current/valid Alberta Health Care coverage
- must be over 18 years of age
Complex Chronic Disease Management Clinic  PH 403-943-4131

The purpose of the CCDMC at the Peter Lougheed Centre is to provide intensive management of complex patients thereby decreasing exacerbations of chronic conditions and hospital presentations. The criteria for admission are two or more chronic conditions and at least one emergency or inpatient visit in the past year.

Chronic disease include, but are not limited to, CHF, COPD, diabetes, hypertension, obesity, dyslipidemia, renal disease, issues requiring anticoagulation, etc. We do not specifically manage chronic pain or patients on dialysis. The patients are seen by nurses, pharmacy, and physician at each visit.

At the outpatient visit, the patient will be seen by Physician, Nurse Clinician, and Pharmacist. The frequency of visits will depend on the needs of the patient.

Communication between CCDMC and the patient’s family physician/specialists is essential to ongoing management and will be a priority to the CCDMC.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL REFERRALS</td>
<td>2 or more chronic disease conditions (i.e. COPD, dyslipidemia, CHF, HTN, Diabetes or others), excluding chronic pain and dialysis patients, AND at least 1 hospital admission and/or ED visit in the last year.</td>
<td>Call 403-943-4131 These referrals may be redirected to the urgent MTU teaching clinic Fax 403-943-4133</td>
<td>URGENT 1-2 DAYS SEMI URGENT 2 WEEKS ROUTINE 4 WEEKS</td>
</tr>
</tbody>
</table>

NOTE If you have a complex patient who does not meet the above criteria, they will be considered on an individual basis. Please call 403-943-4131 or fax information to 403-943-4133

REFERRAL REQUIREMENTS

MANDATORY REQUIREMENTS

- Referring location: (hospital and unit/ doctor’s office/other)
- Referring physician: (name/ contact number)
- Family physician: (name/ contact number)
- Determined urgency of referral (i.e. 2 weeks / 1 month)

IF AVAILABLE TESTS / INVESTIGATIONS

- Complete list of co-morbidities and current medication list
- Disease specific investigations as guided by patients’ chronic diseases, ie: if cardiac involvement, provide all cardiac investigations and consultations.
- Recent discharge summaries (inpatient)
- Up to date lab investigations as guided by patients’ chronic diseases, ie: if diabetic, recent A1C and urine microalbumin
The DHCC provides services through community nurses in physician offices, community classes, and individual counseling at Richmond Road Diagnostic and Treatment Centre (RRDTC), Foothills Medical Centre, Rockyview General Hospital, South Calgary Health Centre, and Peter Lougheed Centre.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>URGENT</td>
<td>• Newly diagnosed type 1</td>
<td>Fax referral to</td>
<td>WITHIN 24 HOURS</td>
</tr>
<tr>
<td></td>
<td>• Uncontrolled, symptomatic diabetes with fasting/ac BG &gt; 20 mmol/L and/or ketones</td>
<td>403-955-8634</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;1.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• +++ metabolically compromised type 2 diabetes requiring insulin</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Triglycerides &gt; 15 mmol/L</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• If pregnant with diabetes, refer to Diabetes in Pregnancy Clinic at the hospital</td>
<td>Fax referral to</td>
<td></td>
</tr>
<tr>
<td></td>
<td>in which the client will deliver</td>
<td>403-955-8634</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• For Ambulatory Blood Pressuring</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monitoring only</td>
<td>o BP&gt;160/&gt;100</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Transplant recipient or donor</td>
<td>o Symptomatic eg. syncope</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Type 2 diabetes on 2 or more agents other than insulin with suboptimal control</td>
<td>Fax referral to</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>403-955-8634</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Insulin start</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Recent treatment for severe hypoglycemia or hyperglycemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Change to current diabetes medications or insulins</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Any client the referring physician requests help with (beyond Living Well</td>
<td>Fax referral to</td>
<td></td>
</tr>
<tr>
<td></td>
<td>classes and education as provided by CDM/PCN educators), who has diabetes,</td>
<td>403-955-8634</td>
<td></td>
</tr>
<tr>
<td></td>
<td>hypertension and/or dyslipidemia.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• For Ambulatory Blood Pressuring</td>
<td>o BP &lt; 160/100</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monitoring only</td>
<td>o For clients planning</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>pregnancy, refer to</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• All clients with type 1, including those with recent severe hypoglycemia or</td>
<td>Diabetes in Pregnancy Clinic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DKA</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• All clients with type 2 diabetes, hypertension or dyslipidemia who are not</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>urgent but meet any of the following criteria:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Type 2 diabetes on 2 or more agents other than insulin with suboptimal control</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Insulin start</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Recent treatment for severe hypoglycemia or hyperglycemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Change to current diabetes medications or insulins</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Any client the referring physician requests help with (beyond Living Well</td>
<td>Fax referral to</td>
<td></td>
</tr>
<tr>
<td></td>
<td>classes and education as provided by CDM/PCN educators), who has diabetes,</td>
<td>403-955-8634</td>
<td></td>
</tr>
<tr>
<td></td>
<td>hypertension and/or dyslipidemia.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• For Ambulatory Blood Pressuring</td>
<td>o For clients planning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monitoring only</td>
<td>pregnancy, refer to</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diabetes in Pregnancy Clinic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• For clients planning pregnancy, refer to Diabetes in Pregnancy Clinic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Referral to DHCC includes referral to a health educator only. Please indicate clearly if a referral to a physician specialist is required in addition to referral to a health educator. For referral to a physician specialist only, see Endocrine and Metabolism section.

When appropriate, patients will be referred for education and exercise at Living Well.

BP and lab results specified are mandatory.

All patients seen at DHCC will receive assessment, education and assistance with management to achieve targets as per clinical practice guidelines unless otherwise specified by the physician or determined by the educator in consultation with the physician.

**REQUIRED TESTS / INVESTIGATIONS**

- HbA1c
- Current BP
- Lipid profile
- Type of diabetes

**PLEASE INDICATE IF REQUIRED**

- 24-hr ambulatory BP monitoring
- A consult with a specialist physician in addition to referral to health educators
- Insulin start. Orders must be provided and must include:
  - Type of insulin
  - Dosage in units
  - Time of injection Eg. N or NPH 5-10 units ac at hs
  - Changes to diabetes medications other than insulin if required eg.
    - Diabetes agents that should be discontinued once the insulin is initiated
    - Diabetes agents that should be continued once the insulin is initiated Dosage changes to other diabetes medications, once the insulin is initiated
### Endocrinology & Metabolism - Adult

PH 403-955-8633

All referrals to an endocrinologist will be triaged through Central Access & Triage. If the referral indicates a specific consultant then Central Access & Triage will direct it to that office, unless it is known that the consultation cannot be provided within the specified time requirements for urgency.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EMERGENT</strong></td>
<td>Diabetic ketoacidosis</td>
<td>Send to Emergency</td>
<td>&lt; 1 DAY</td>
</tr>
<tr>
<td></td>
<td>Severe hypercalcemia &gt; 3.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Severe adrenal insufficiency</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VERY URGENT</strong></td>
<td>Severe hyperthyroidism</td>
<td>Call the Triage Endocrinologist: 403-955-8633 (Mon-Fri 0900-1700)</td>
<td>&lt; 1 DAY</td>
</tr>
<tr>
<td></td>
<td>Newly diagnosed diabetes mellitus type 1: not in DKA i.e. HCO3 &gt;18</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adrenal insufficiency</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hypopituitarism with acute symptoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>URGENT</strong></td>
<td>Hyperthyroidism (newly diagnosed)</td>
<td>Fax referral to Endocrinology Central Access &amp; Triage: 403-955-8634</td>
<td>&lt; 1 WEEK</td>
</tr>
<tr>
<td></td>
<td>Diabetes in pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adrenal mass &gt; 4 cm</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pituitary tumor with visual defect and/or hypofunction</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hypercalcemia &gt; 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hypertriglyceridemia TG &gt; 15</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Endocrine disorders in pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SEMI URGENT</strong></td>
<td>Thyroid nodule: &gt; 3 cm or family history of thyroid cancer or cervical lymphadenopathy or microcalcification on thyroid u/s</td>
<td>FX 403-955-8634</td>
<td>&lt; 4 WEEKS</td>
</tr>
<tr>
<td></td>
<td>Diabetes with severe unrecognized hypoglycemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hypercalcemia - 2.6-2.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diabetes A1c &gt; 12%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ROUTINE</strong></td>
<td>Goitre with normal thyroid function</td>
<td>FX 403-955-8634</td>
<td>&lt; 12 - 26 WEEKS</td>
</tr>
<tr>
<td></td>
<td>Pituitary Tumor</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hirsutism</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Infertility</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diabetes Planning Pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hyperlipidemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Osteoporosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Obesity</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Galactorrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gynecomastia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adrenal Mass &lt;4 cm</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hypertension (diagnosis of suspected endocrine cause)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amenorrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diabetes – inadequate control</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Endocrinology & Metabolism - Adult

PH 403-955-8633

REFERRAL REQUIREMENTS

- All relevant patient information
- All relevant symptom information
- All relevant comorbidity information
- The Division of Endocrinology encourages referring physicians to discuss atypical problems or uncertain diagnoses with the endocrinologist responsible for triage 403-955-8633.
- List of current medications
  - anticoagulants (warfarin)
  - antiplatelet agents (ASA, Plavix®)
  - diabetes medications (insulin and/or oral medications)
- Any significant cardiac disease
  - MI within 1 year
  - Angina with minimal activity or at rest
  - Any internal defibrillator
  - Severe congestive heart failure
  - Prosthetic heart valve/valvulopathy
  - A stroke within the past year
- Suffering from respiratory insufficiency
  - Is the patient on home O2?
  - Is the patient on CPAP?
  - Is the patient a brittle asthmatic?
- Any history of MRSA, V RE, and/or C. Difficile

MANDATORY TESTS / INVESTIGATIONS

THYROID DYSFUNCTION
- TSH
- Free T4

SUSPECTED CUSHINGS
- 24 hour urinary free cortisol

ADRENAL INSUFFICIENCY
- Call endocrinologist on call with history.

DIABETES
- A1C (recent and historical)
- Lipid profile
- ALT
- Microalbumin (random urine microalbumin to creatinine ratio)
- Serum creatinine (and calculated GFR)

OBESITY / WEIGHT GAIN
- Lipid profile
- Fasting glucose
- ALT, GGT
- TSH

GOITRE OR THYROID NODULE
- TSH
- Thyroid ultrasound

GALACTORRHOEA
- Prolactin
- TSH

ADRENAL MASS
- BP history
- Serum electrolytes
- 24-hour Urine metanephrines
- 24-hour Urine free cortisol
- Radiology report (CT or MRI)

LIPID DISORDERS
- Lipid profiles (recent and past)
- TSH
- Fasting glucose
- Urinalysis
- ALT, CK and Alk Phos

ACROMEGALY
- Serum IGF-1

PITUITARY MASS
- Free T4
- Prolactin
- Cortisol (before 0900 serum)
- Free Androgen index (male)
- MRI or CT report

AMENORRHOEA
- Pregnancy Test
- TSH
- Prolactin
- FSH
- LH
- Free Androgen Index
- Perform a progesterone challenge

HYPERCALCAEMIA AND HYPOCALCAEMIA
- Serum calcium levels
- Phosphate, albumin, magnesium, creatine
- Serum PTH (medroxyprogesterone acetate 5 mg daily for 10 days) if the above are normal.

HYPERTENSION (suspect Pheochromocytoma)
- 24 hour urine metanephrines

HYPERTENSION (suspect Hyperaldosteronism)
- Electrolyte panel, Creatinine, Aldosterone/Renin ratio

FRAGILITY FRACTURES / OSTEOPOOROSIS
- Bone density studies
- Serum calcium
- Phosphate
- Albumin
- Alk Phos

HYPOGLYCEMIA (non-diabetic)
- ALT
- GGT
- Alk Phos
- Creatinine
REFERRAL PROCESS
Calgary Zone has standard referral requirements for all gastroenterology referrals.
For gastroenterology referral information click or visit:
www.ahs.ca/assets/info/hp/arp/if-hp-arp-cz-gastroenterology-qr.pdf

EMERGENCY:
FOR ALL EMERGENCIES, REFER DIRECTLY TO THE EMERGENCY DEPARTMENT
OR
CONTACT RAAPID
RAAPID (South) 1-800-282-9911

FOR ROUTINE ADVICE FROM A GI SPECIALIST
CALL SPECIALIST LINK
Tele-advice with a GI specialist
Local: 403-910-2551 or Toll Free: 1-855-387-3151
Monday - Friday, 8am to 5pm
All referrals to an internist will be triaged through Central Access & Triage, except in the case of referrals to internists at the PLC. These referrals should be sent directly to the doctors’ private offices.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EMERGENT</strong></td>
<td>• Oxygen</td>
<td>Page general internist on call:</td>
<td>SAME DAY (EMERGENCY)</td>
</tr>
<tr>
<td></td>
<td>• IV Therapy</td>
<td>FMC: 403-944-1110</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Antibiotic etc.</td>
<td>RGH: 403-943-3000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• DVT/PE</td>
<td>PLC: 403-943-4555</td>
<td></td>
</tr>
<tr>
<td><strong>URGENT</strong></td>
<td>• Accelerated hypertension</td>
<td>FX 403-270-8453</td>
<td>&lt; 2 WEEKS</td>
</tr>
<tr>
<td></td>
<td>• Heart failure</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Acute inflammatory process</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Poorly controlled diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ROUTINE</strong></td>
<td>• Diagnostic dilemmas</td>
<td>FX 403-270-8453</td>
<td>3-6 MONTHS</td>
</tr>
<tr>
<td></td>
<td>• Multiple system disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Chronic renal failure</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Vascular risk reduction</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**REFERRAL REQUIREMENTS**

**MANDATORY REQUIREMENTS**
- Relevant co-morbidity
- Relevant symptoms

**IF AVAILABLE SUBSPECIALTY REQUIREMENTS**
Please specify if appropriate which area within General Internal Medicine you consider your patient will likely need to be seen by an internist specializing in:
- chronic renal failure
- cardiovascular risk reduction
- hypertension

**REQUIRED TESTS / INVESTIGATIONS**
- All considered relevant by referring source

**Chronic renal failure**
- Trends in creatinines, urinalysis, diagnostic imaging, completed workup

**Hypertension**
- Trends in BP, medication changes, past secondary hypertension w/u evidence of target organ damage

All referrals deemed urgent (approximate time to be seen is within 2 weeks) by the referring source should be faxed through GIM central intake. GIM physicians at all 3 adult hospital sites attend in the GIM Urgent Assessment Clinic. However, all referrals are triaged when received and, depending upon the circumstances of the ‘urgency’, these may be reassigned a differing urgency status by central intake.
General Internal Medicine

<table>
<thead>
<tr>
<th>Dr Ghazwan Altabbaa</th>
<th>Dr Don Cook</th>
<th>Dr Robert Herman</th>
<th>Dr Marcy Mintz</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Christine Banage</td>
<td>Dr. P Davies</td>
<td>Dr Faisal Jhandir</td>
<td>Dr Jeff Schaefer</td>
</tr>
<tr>
<td>Dr Barry Baylis</td>
<td>Dr Stephen Duncan</td>
<td>Dr. L Lambert</td>
<td>Dr Jan Sporina</td>
</tr>
<tr>
<td>Dr Aleem Bharwani</td>
<td>Dr Fiona Dunne</td>
<td>Dr Pin Li</td>
<td>Dr Caren Wu</td>
</tr>
<tr>
<td>Dr. A Boscan</td>
<td>Dr R Hawkins</td>
<td>Dr. Irene Ma</td>
<td>Dr K Zarnke</td>
</tr>
</tbody>
</table>

Please note that any nonurgent referrals to other, nonparticipating, general internists should be sent directly to these physicians’ private offices.

You will receive notification of receipt of referral within 2 working days of receipt. Please call if you haven’t received notification.
Hematology

The Division of Hematology and Hematologic Malignancies provides full service care for patients with malignant and nonmalignant hematological disorders. This includes inpatient and outpatient chemotherapy and procedures at the PLC, FMC and TBCC sites. Referrals for hematologic disease consultation may be made in two ways. Referrals to Drs Blahey, and Lategan should be made through their office contact numbers. Referral to all other Hematologists is through the Hematology Central Access & Triage contact number.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMERGENT</td>
<td>• Peripheral Blasts/acute leukemia</td>
<td>Call haematologist on call at either</td>
<td>&lt; 24 HOURS</td>
</tr>
<tr>
<td></td>
<td>• Suspected TTP</td>
<td>FMC 403-944-1110</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• New thrombocytopenia &lt;10 or &lt;20 with bleeding</td>
<td>PLC 403-943-4555</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• New neutrophil count &lt;0.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Symptomatic anemia, needing immediate RBC transfusion</td>
<td>Refer to urgent care/ER</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Symptoms of Acute PE/DVT</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Bleeding in patient with known bleeding disorder (hemophilia, von willebrand disease, platelet function disorders)</td>
<td>Monday to Friday 8am-4pm call the Southern Alberta Rare Blood and Bleeding Disorders Comprehensive Care Program at FMC: 403-944-4057</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>After hours call the hematologist on call at FMC.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>If emergent treatment is necessary have patient report to the nearest ER</td>
<td></td>
</tr>
</tbody>
</table>

Hematology

Central Access & Triage Receptionist
- PH 403-944-1582
- FX 403-944-3001

Dr Blahey
- PH 403-266-1246
- FX 403-233-9278

Dr Lategan
- PH 403-943-5423
- FX 403-943-5520
## Hematology

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| URGENT          | • New malignancy diagnosis of multiple myeloma, lymphoma, CLL, CML, amyloidosis.  (*With the appropriate pathology report as confirmation of diagnosis.)  
• For suspected malignancies, see “semi-urgent” below. | Fax referral directly to Tom Baker Cancer Centre  403-521-3245  
*Make sure the patient is aware that they are being referred to TBCC | 1-2 WEEKS  |
|                 | • Severe new unexplained pancytopenia or severe individual cytopenias  
  o Hgb<85  
  o Plts<50 without bleeding  
  o Neutrophils <0.5 with no current infection | HCAT FX  
403-944-3001  
Dr. Blahey  
FX 403-233-9278  
Dr. Lategan  
FX 403-943-5220 | 1-2 WEEKS  |
|                 | • Thrombosis or bleeding disorder or other hematologic disorder in a pregnant pt  
• Thrombosis related consultation in pregnancy  
• Consider a referral to Maternal Disorders of Pregnancy Clinic FX 403-283-6151 | Call Southern Alberta Rare Blood and Bleeding Disorders Comprehensive Care Program |  |
|                 | • Pt with a known bleeding disorder having ANY invasive procedure or dental work done | Pre Admission Clinic (Internal medicine)  
Pre-op consultations to IM in the Pre-Admission Clinic are made from the surgeon on the OR booking request form |  |
|                 | • Preoperative assessment for anticoagulant bridging for surgery |  |  |
### Hematology

**PH 403-944-8050**

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEMI URGENT</td>
<td>MGUS</td>
<td>HCAT FX 403-944-3001</td>
<td>&lt; 4-12 WEEKS</td>
</tr>
<tr>
<td></td>
<td>Splenomegaly</td>
<td>Dr. Blahey FX 403-233-9278</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lymphadenopathy. *see requested investigations</td>
<td>Dr. Lategan FX 403-943-5220</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderate cytopenias</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderate pancytopenia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lymphocytosis &gt;5</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elevated WBC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderately/severely elevated Hgb</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderately/severely elevated Plts</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Genetic hemochromatosis *see requested investigations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderate/severe eosinphilia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderate/severe monocytosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sickle cell anemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>G6PD deficiency</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Post-thrombotic syndrome</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Suspected bleeding disorder with pending surgical procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Iron deficiency, needing iron infusion at PLC only</td>
<td>Call 403-955-9227 to arrange for referral privilege, and then iron infusion can be arranged through day med</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Iron deficiency, needing iron infusion at FMC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pre-existing diagnosis of hemophilia/ Von Wilebrand Disease/platelet function disorder</td>
<td>Refer to the Southern Alberta Rare Blood and Bleeding Disorders Comprehensive Care program after first being seen by a Calgary haematologist</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hypogammaglobulinemia</td>
<td>Fax referral to Internal Medicine Central Access and Triage, to see Dr. Caren Wu</td>
<td></td>
</tr>
</tbody>
</table>
# Hematology

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROUTINE 1</td>
<td>• Mild chronic pancytopenia</td>
<td>HCAT FX 403-944-3001</td>
<td>&lt; 16-24 WEEKS</td>
</tr>
<tr>
<td></td>
<td>• Moderate bicytopenias</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Personal or family history of venous thrombosis or inherited thrombophilia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Duration of anticoagulation for venous thromboembolic disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROUTINE 2</td>
<td>• Mild splenomegaly</td>
<td>Dr. Blahey FX 403-233-9278</td>
<td>&lt; 24-32 WEEKS</td>
</tr>
<tr>
<td></td>
<td>• Suspected bleeding disorder, with no current bleeding</td>
<td>Dr. Lategan FX 403-943-5220</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Chronic moderate cytopenia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Chronic mild elevations in Hgb, PLt, and WBC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Mild macrocytosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Thalassemia trait counsel</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Sickle cell trait counsel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROUTINE 3</td>
<td>• Chronic neutrophils &gt; 1.0</td>
<td>HCAT FX 403-944-3001</td>
<td>OVER 1 YEAR</td>
</tr>
<tr>
<td></td>
<td>• Chronic platelets &gt;100</td>
<td>Dr. Blahey FX 403-233-9278</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Lymphocytosis &lt;5</td>
<td>Dr. Lategan FX 403-943-5220</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Referrals for patients who are &lt;18 years of age</td>
<td>ACH Hematology FX 403 955-7393 PH 403 955-7155</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• High ferritin referrals with normal transferrin saturation</td>
<td>If high ferritin is due to fatty liver, refer to Hepatology Triage. FX 403-9446559 PH 403-944-6541</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Low ferritin in a man or menopausal woman</td>
<td>Refer to GI Central Access and Triage</td>
<td></td>
</tr>
<tr>
<td>Referral Requirements</td>
<td>Hematology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Microcytic Anemia</strong></td>
<td>CBC, EP, CR, LFT's, fe, ferritin, TIBC</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Neutropenia</strong></td>
<td>CBC, EP, CR, LFT's, Vit B12</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Macrocytosis</strong></td>
<td>CBC, EP, CR, LFT's, TSH, Vit B12, ferritin, retics, folate, SPEP</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Splenomegaly</strong></td>
<td>Ultrasound of abd, CBC, EP, CR, LFT's, haptoglobin, DAT, SPEP, LDH, Quantitative Immunoglobulins, retics, blood smear</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Thrombocytopenia</strong></td>
<td>CBC, EP, CR, LFT's, Vit B12, LDH</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Thrombocytosis</strong></td>
<td>CBC, EP, CR, LFT's, feritin, CRP, ESR</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mgus</strong></td>
<td>CBC, EP, CR, LFT's, Ca, alb, ESR, CRP, Quantitative Immunoglobulins, SPEP, UPEP, serum free light chains, skeletal survey (*not bone scan), Beta 2 Microglobulin, LDH</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Thalassemia</strong></td>
<td>CBC, EP, CR, LFT's, fe, ferritin, tbc, hgb electropheresis</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sickle Cell</strong></td>
<td>CBC, CR, electrolyte panel, LFT's, haptoglobin, retics, LDH, blood smear, hgb electropheresis</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Normocytic Anemia</strong></td>
<td>CBC, EP, CR, LFT's, retics, SPEP, CRP, ESR, fe, ferritin, TIBC, Vit B12</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Leukocytosis</strong></td>
<td>CBC, EP, CR, LFT's, ca, alb, ESR, CRP, blood smear</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Eosinophilia</strong></td>
<td>CBC, EP, CR, LFT's, CRP</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lymphadenopathy</strong></td>
<td>CT C/A/P and Excisional/Incisional Biopsy results. (Not FNA please.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lymphocytosis</strong></td>
<td>CBC, EP, CR, LFT's, SPEP, Quantitative Immunoglobulins, ESR, CRP, Beta 2 microglobulin, ca, alb, LDH</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Amyloidosis</strong></td>
<td>CBC, EP, CR, LFT's, INR, PTT, TSH, SPEP, Quantitative Immunoglobulins, UPEP, serumfree light chains</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Elevated Hemoglobin</strong></td>
<td>CBC, EP, CR, LFT's, ABG's, fe, ferritin, TIBC, Vit B-12</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Elevated Ferritin</strong></td>
<td>CBC, EP, CR, LFT's, TSH, Vit B12, ferritin, retics, folate, SPEP</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Elevated Transferrin Saturation</strong></td>
<td>Genetic Hemochromatosis BW (molecular req), abd ultrasound, CRP, ESR, CBC, EP, CR, LFT's, INR, alb, TSH, AFP, Hgb A1c, fasting glucose, ferritin, iron studies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Hepatology

Hepatology is the branch of medicine that involves the management of diseases of the liver and biliary tree.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMERGENT</td>
<td>• Hepatocellular carcinoma (HCC)</td>
<td>Page Hepatologist on call or send patient to Emergency</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• If obvious cholangio-carcinoma or pancreatic carcinoma, refer to Hepatobiliary Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Severe acute hepatitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• ALT &gt; 10-15 x upper limit of normal (ULN) or acute presentation of autoimmune hepatitis or Wilson disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Acute cholangitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>URGENT</td>
<td>• Decompensated cirrhosis</td>
<td>FX 403-944-6559</td>
<td>2-3 WEEKS</td>
</tr>
<tr>
<td></td>
<td>• Variceal bleed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Ascites</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Encephalopathy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Jaundice</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pregnancy related liver disease, including hepatitis B virus (HBV) (typical wait time is &lt; 2 months)</td>
<td>FX 403-944-6559</td>
<td>&gt; 6 MONTHS</td>
</tr>
<tr>
<td></td>
<td>• Alcoholic hepatitis after discharge from hospital on steroids or pentoxifylline</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Path to Care Directory
Specialty Specific Referral Guidelines
# Hepatology

**PH 403-944-6555**

## ROUTINE
- Non-alcoholic fatty liver disease (NAFLD)
- Hemochromatosis and/or elevated ferritin
- Hepatitis C (unless cirrhotic)
- Hepatitis B immune-tolerant
  - Normal ALT
  - HBV DNA >10,000 IU/mL
- Hepatitis B chronic carrier
  - Normal ALT
  - HBV DNA <1,000 IU/mL
- Benign liver mass
  - e.g. classic hemangioma or focal nodular hyperplasia (FNH)

## NOT ACCEPTED
- Anti-HCV positive, HCV RNA negative
- Anti-HBs or anti-HBc positive, HBsAg negative (unless awaiting transplant or planned chemotherapy/immunosuppression)
- Clear diagnosis of cholangiocarcinoma or pancreatic cancer (should be sent to Hepatobiliary Surgery)

## OTHER SPECIALTY CLINICS
- Hepatocellular Carcinoma (HCC) Clinic
- Non-alcoholic fatty liver disease (NAFLD) Clinic
- Primary Sclerosing Cholangitis (PSC) Clinic

## REFERRAL REQUIREMENTS

### MANDATORY INFORMATION FOR ALL REFERRALS
- List of current medications and allergies
- Any history of MRSA, VRE, C. Difficile
- Specify language barrier requiring interpreter

*If hepatologist asks for lab work up:

- Please use HBV DNA PCR (quantitative), HCV RNA PCR (quantitative) and HCV Genotyping requisitions
- Provincial Laboratory for Public Health (Microbiology)

### HEPATITIS B
- HBsAg
- anti-HBs
- HBeAg
- anti-HBe
- anti-HBc (total)
- anti-HBc (IgM)
- HBV DNA PCR *
- AMA, ANA, smooth muscle antibodies
- ALT, AST, GGT, alkaline phosphatase
- Bilirubin, albumin, INR

### HEPATITIS C
- anti-HCV
- HCV RNA PCR *
- HCV genotype
- AMA, ANA, smooth muscle antibodies
- ALT, AST, GGT, alkaline phosphatase
- Bilirubin, albumin, INR
- Cyoglobinins

### DIAGNOSTIC IMAGING REPORTS:
- Abdominal U/S
- CT abdomen
- MRI abdomen
- Contrast-enhanced U/S (CEUS) of the liver

### OTHER:
- HIV serology
- Alpha-fetoprotein(AFP)
- Anti-HAV (total)
Nephrology is the branch of medicine that involves diagnosis and treatment of kidney diseases and their complications.

Referral location to be selected by referring physician.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMERGENT</td>
<td>New diagnosis of eGFR &lt; 10 mL/min/1.73m² or</td>
<td>Page local nephrologist on call.</td>
<td>SAME DAY (EMERGENCY)</td>
</tr>
<tr>
<td></td>
<td>Life threatening uremic symptoms (marked hyperkalemia &gt; 6.5 mmol/L; pulmonary edema and kidney failure; pericarditis and kidney failure)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>URGENT</td>
<td>Rapid decline in eGFR over days to weeks</td>
<td>2-3 WEEKS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>eGFR declining over weeks to months PLUS hematuria and/or albuminuria</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>eGFR &lt; 15 mL/min/1.73m²</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acute nephrotic syndrome (ACR &gt; 180 mg/mmol or proteinuria &gt; 3g/d)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Suspected vasculitis / autoimmune disease in the setting of hematuria and/or albuminuria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROUTINE</td>
<td>eGFR &lt; 30 mL/min/1.73m², irrespective of albuminuria or hematuria</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>persistent albuminuria (ACR &gt; 60 mg/mmol), irrespective of hematuria</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>hematuria sustained and not readily explained by a urinary tract source with:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Persistent albuminuria (ACR 3 – 60 mg/mmol) irrespective of eGFR</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>An unexplained, progressive decline in eGFR ≥ 5 mL/min/1.73m² that occurs over 6 months, confirmed on repeat testing within 2-4 weeks (ACEi or ARBs can cause a reversible reduction in eGFR when initiated).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
REFERRAL REQUIREMENTS

REASON FOR REFERRAL
• Referral could be considered for any one of the following:
  • CKD and hypertension refractory to treatment with 4 or more antihypertensive agents
  • Persistent abnormalities of serum potassium
  • Recurrent or extensive nephrolithiasis
  • Hereditary kidney disease (e.g. polycystic kidney disease)
• If you have patients that you are concerned about that do not fall within these categories please contact the nephrology group in your area.

CO-MORBIDITY
• Type 1 or Type 2 Diabetes
• Hypertension: controlled or uncontrolled
• Coronary artery disease
• Congestive heart failure
• Cerebrovascular disease
• Cancer (non-skin)
• Peripheral vascular disease
• Autoimmune disease (describe)

MANDATORY TESTS / INVESTIGATIONS
• Recent serum creatinine / eGFR (including multiple measurements over previous years)
• Recent routine urinalysis
• Recent random urine albumin/creatinine ratio (ACR) for known diabetic patients or those patients with eGFR < 60 mL/min/1.73m²

SYMPTOMS
• Elevated serum creatinine (decreased GFR)
• Proteinuria
• Hematuria
• Urolithiasis

NOTE
• Referrals for acute nephrolithiasis and renal masses suspicious for malignancy and enlarged prostate should be referred to urology

OTHER TESTS THAT MAY ASSIST TRIAGE
• Electrolytes
• Ca ++
• Phosphate
• CBC
• Random glucose
• HbA1C (if patient has diabetes)
• Fasting lipid profile (within the last year)
• Renal ultrasound (only if done)
The Medical Toxicology Clinic is a monthly clinic designed to provide evaluation, diagnosis, and management of adult patients, including but not limited to: toxic occupational/environmental exposures, adverse pharmaceutical / herbal / alternative medicine events, toxic effect follow up care, toxicologic test interpretation. For more information please visit www.padis.ca

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
</tr>
</thead>
</table>
| **EMERGENT**    | • Acute poisoning from pharmaceuticals or drugs of abuse (intentional or unintentional).  
                     • Acute exposures to occupational or environmental toxins. | Call PADIS at 1-800-332-1414 (open 24 hours) to speak to an Information Specialist regarding management.  
                     The clinic is not able to see emergent patients. |
| **URGENT**      | • Symptomatic patients with elevated blood or urinary metal concentrations (e.g. elevated blood lead concentration with peripheral neuropathy).  
                     • Hospitalized patients requiring toxicologic follow up after discharge for poisoning.  
                     • Evaluation of adverse drug events from pharmaceuticals and complementary/alternative medicine therapies. | FX 403-944-6987. 1 MONTH |
| **SEMI URGENT** | • Opinions regarding chelation therapy.  
                     • Interpretation of toxicology tests already performed. | FX 403-944-6987. 1-2 MONTHS |
| **ROUTINE**     | • Patients with non specific symptoms where a toxicologic etiology is suspected. | FX 403-944-6987. |

**EXCLUSIONS**

- Management of substance abuse, dependence or addiction  
  Refer to AHS Addictions and Mental Health
- Multiple chemical sensitivity, environmental illness or environmental sensitivity  
  Refer to www.osha.gov/SLTC/multiplechemicalsensitivities/ for more information
- Mold exposures  
  Refer to AHS Environmental Public Health
- Evaluation for drug allergy  
  Refer to CPSA website for specialists in clinical immunology and allergy
**PADIS Medical Toxicology Clinic**

**PH 403-944-6950**

### MANDATORY REQUIREMENTS

#### MANDATORY INFORMATION
- Relevant laboratory tests and diagnostic imaging results
- Relevant consultation letters (e.g. neurology, pulmonary, internal medicine)
- List of current medications and allergies
- Any history of MRSA, VRE, C. Difficile
- Relevant co-morbidities
- Any language barrier requiring an interpreter (and what language)

#### IMPORTANT INFORMATION
- Referrals are accepted from physicians only. We do not accept self-referrals from patients. WCB cases are acceptable
- You may wish to discuss a patient with an Information Specialist or Medical Toxicologist prior to or instead of initiating a referral. Please contact PADIS at 1-800-332-1414 to speak with an Information Specialist. The Medical Toxicologist on call can be paged for you as necessary.
- The clinic is unable to see acutely ill/emergent patients. For management of acute exposures, please call PADIS at 1-800-332-1414
- Referrals are accepted from physicians only. We do not accept self-referrals from patients. WCB cases are acceptable
- For children ages 0-17 requiring evaluation and recommendations for environmentally-related health conditions and consultation for environment/health, refer to:
  - The Children’s Environmental Health Clinic
    Misericordia Community Hospital, Edmonton
    PH 780-735-2731, FX 780-735-2794
    ChEHC@albertahealthservices.ca

### MANDATORY TESTS / INVESTIGATIONS

#### LEAD EXPOSURE
- CBC
- Whole blood lead

#### ARSENIC EXPOSURE
- 24 hour urine for arsenic

#### MERCURY EXPOSURE
- Erythrocyte mercury (if exposure is from organic mercury source, such as seafood)
- 24 hour urine for mercury (if exposure is from inorganic mercury source such as antiseptics, photography and waterproofing chemicals

#### METAL ON METAL HIP REPLACEMENT ASSESSMENT
- Blood cobalt
- Blood chromium

#### CARBON MONOXIDE EXPOSURE
- Venous carboxyhemoglobin (COHb) concentration

#### RATTLESNAKE ENVENOMATION FOLLOW UP
- CBC, INR, PTT
- Fibrinogen

#### GENERAL FOLLOW UP AFTER DISCHARGE FROM HOSPITAL
- all considered relevant
REFERRAL PROCESS

Calgary Zone has standard referral requirements for all pulmonary referrals.

For pulmonary referral information:

[link](http://www.ahs.ca/assets/info/hp/arp/if-hp-arp-cz-pulmonary-qr.pdf)

For more information about Alberta Referral Pathways

[link](http://www.ahs.ca/pathways)

EMERGENT REFERRALS
for patients with the following symptoms

**HEMOPTYSIS**
- Active & > 2 TBSPs (30cc) per day

**HYPOXEMIA**
- resting O2 sat <85%

URGENT REFERRAL / EMERGENCY:

FOR URGENT ADVICE FROM A RESPIROLOGIST, CALL:

RAAJPID (South) **1-800-282-9911**

and ask for the respirologist on-call at one of the four acute care sites

or

a hospital operator and ask them to page the on-call respirologist

FMC (403) 944-1110        RGH (403)943-3000
PLC (403) 943-4555        SHC (403) 956-1111

ACCESS TARGETS

**URGENT** 3 BUSINESS DAYS    **ROUTINE** 15 BUSINESS DAYS
Rheumatology PH 403-955-8735

All referrals to a rheumatologist will be triaged through Central Access and Triage, except in the case of Dr. Hector Arbillaga who should be sent referrals directly.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| EMERGENT        | • Aggressive connective tissue disease  
                  • Systemic vasculitis  
                  • Temporal arteritis (giant cell arteritis  
                  • Patients with acute non-traumatic monoarthritis should be sent to the emergency department for assessment | Page rheumatologist on call: 403-944-1110 | < 24 HOURS |
| URGENT          | • Early inflammatory arthritis  
                  • Polyarthritis with functional impairment | FX 403-955-8199 | 1-8 WEEKS |
| SEMI URGENT     | • Connective tissue disease which is active but not life threatening  
                  • Polymyalgia rheumatica  
                  • Gout - poorly controlled | If concerned about patient or if patient's condition changes from initial referral, page rheumatologist on call 403-944-1110 to discuss | 6-12 MONTHS |
| ROUTINE         | • Stable inflammatory arthritis  
                  • Complex osteoarthritis | FX 403-955-8199 | UP TO 12 MONTHS OR LONGER |

REFERRAL REQUIREMENTS

INFORMATION REQUIRED FOR TRIAGE
- Reason for referral
- Description of joints affected, swelling, pain, morning stiffness
- Duration of symptoms
- Previous rheumatoid / specialist consultations (including name and notes)
- Treatments tried and responses (specifically if treated with Prednisone)
- Current medication list
- Relevant past medical and family medical history

**If you feel the patient needs to be seen urgently - please page the Rheumatologist on call at 403-944-1110.

IF AVAILABLE TESTS / INVESTIGATIONS
- Baseline lab work for all referrals - CBC, CRP, creatinine, ALT, ALK PHOS, Albumin, urinalysis
- Plus the following if concerned re: Inflammatory arthritis - RF, Anti CCP
- Autoimmune disorder - ANA, ENA profile, C3, C4
- Please attach all information to the referral.
**Rheumatology**

**PH 403-955-8735**

**MANDATORY TESTS / INVESTIGATIONS**

*IF MANDATORY INFORMATION IS NOT ATTACHED TO REFERRAL, IT WILL BE RETURNED*

| ALL REFERRALS |
|CBC, CRP, creatinine, ALT, ALK PHOS, Albumin, urinalysis|
|MYOSITIS|
|CBC, CRP, creatinine, ALT, ALk Phos, albumin, urinalysis, RF, CK|

**AUTOIMMUNE/CONNECTIVE TISSUE DISORDER**

|CBC, CRP, creatinine, ALT/ALk Phos, albumin, urinalysis, RF, ANA profile, C3, C4|

**POLYMYALGIA RHEUMATICA**

|CBC, CRP, creatinine, ALT, ALk Phos, albumin, urinalysis, RF,|

**GOUT**

|CBC, CRP, creatinine, ALT, ALk Phos, albumin, urinalysis, RF, urate|

**SPONDYLOARTHROPATHY**

|CBC, CRP, creatinine, ALT, ALk Phos, Albumin, urinalysis, RF, SI joints|

**INFLAMMATORY ARTHRITIS/POLYARThRITIS**

|CBC, CRP, creatinine, ALT/ALk Phos/albumin, urinalysis, RF, Anti CCP|

**VASCULITIS**

|CBC, CRP, creatinine, ALT/ALk Phos, albumin, urinalysis, RF, ANA, ENA profile, C3, C4, ANCA|
Senior’s Health & Geriatric Medicine PH 403-955-1525

Senior’s Health clinics, services and programs provide multidisciplinary, consultative advice on the diagnosis and management of adults age 65 or older with issues relating to medical complexity, frailty and chronic disease, functional decline, cognitive impairment, dementia or falls. Referrals will be accepted from family physicians and specialists.

Referrals from Home Care are accepted provided that the family physician is aware and agrees with sending the referral.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| EMERGENT        | • Acute confusion (delirium)  
• Disruptive behaviour in the setting of a dementia 
• New onset immobility | Go to Emergency | SAME DAY (EMERGENCY) |
| URGENT          | • Recent or sub-acute decline in function  
• Failure to cope at home (especially if safety concerns or caregiving burn-out)  
• Multiple falls in a short period of time  
• Rapid decline in cognition  
• Referral may be forwarded to a more appropriate AHS Calgary Zone service | Fax referral to: Senior’s Health One-Line Referral 403-955-1514 | 1-2 WEEKS |
| ROUTINE         | • Comprehensive geriatric assessment / advice on management of medically complex or frail clients  
• Falls  
• Cognitive concerns  
• Functional decline  
• Review of medication  
• Second opinion / advice on management of dementia  
• Falls Prevention Clinic- clients must be cognitively able to participate in the assessment and adhere with interventions commonly recommended for minimizing the risk of future falls (e.g., behaviour and medication modifications, physical activity/ exercise program). | Fax referral to: Senior’s Health One-Line Referral 403-955-1514 | 2-3 MONTHS |
## Senior’s Health & Geriatric Medicine

**PH 403-955-1525**

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NOT ACCEPTED</strong></td>
<td>• Referrals for adults &lt;65 yrs.</td>
<td>For cognitive assessment of clients &lt; 65, fax referral to:</td>
</tr>
<tr>
<td></td>
<td>• Referrals for capacity assessment or driving assessment</td>
<td>Neurosciences</td>
</tr>
<tr>
<td></td>
<td>• Referrals for medical-legal assessments</td>
<td>Cognitive Assessment</td>
</tr>
<tr>
<td></td>
<td>• Referrals for third party assessments (Immigration assessments, WCB assessments, fitness to work, placement issues, co-signatures for PD &amp; EPOA)</td>
<td>Clinic</td>
</tr>
<tr>
<td></td>
<td>• Referrals for Falls Prevention Clinic: clients suffering from a moderate-severe or severe dementia and clients who are terminally ill with a life expectancy of 6 months or less.</td>
<td>403-944-8228</td>
</tr>
<tr>
<td></td>
<td>• Referrals for primary mental health issues should be directed to Community Geriatric Mental Health Services (CGMHS).</td>
<td>CGMHS</td>
</tr>
<tr>
<td></td>
<td>• Referrals for moderate and severe BPSD (Behavioral &amp; Psychological Symptoms of Dementia) should be directed to CGMHS.</td>
<td>Phone: 403-955-6155</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fax: 403-955-6169</td>
</tr>
</tbody>
</table>

Seniors Health Clinics / services / programs provide multidisciplinary, consultative advice on the diagnosis and management of adults age 65 or older with issues relating to medical complexity, frailty and chronic disease, functional decline, cognitive impairment, dementia or falls. Referrals will be accepted from family physicians/specialists.

Referrals from Home Care are accepted provided that the family physician is aware and agrees with sending the referral.
### Senior’s Health & Geriatric Medicine

**PH 403-955-1525**

**REFERRAL REQUIREMENTS**

<table>
<thead>
<tr>
<th>MANDATORY TESTS / INVESTIGATIONS</th>
<th>EXCLUSIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Goals or clear reason for referral</td>
<td>• Cognitive assessment of clients &lt; 65</td>
</tr>
<tr>
<td>• Consults from other specialists (last 2-3 years)</td>
<td>• Send to: Neurosciences Cognitive Assessment Clinic 403-944-8228</td>
</tr>
<tr>
<td>• Results of cognitive testing (last 2-3 yrs.)</td>
<td>• Capacity assessment or driving assessment</td>
</tr>
<tr>
<td>• Current medication list</td>
<td>• Medical-legal assessments</td>
</tr>
<tr>
<td>• Past relevant medical information</td>
<td>• Third party assessments (Immigration assessments, WCB assessments, fitness to work, placement issues, co-signatures for PD &amp; EPOA)</td>
</tr>
<tr>
<td>• Recent blood work</td>
<td>• Primary mental health issues</td>
</tr>
<tr>
<td>• Diagnostic imaging</td>
<td>• Send to: Community Geriatric Mental Health Services (CGMHS). Phone: 403-955-6155 Fax: 403-955-6169</td>
</tr>
<tr>
<td>• Specify, if appropriate, which clinic within Senior’s Health you consider your patient will likely need to be seen by</td>
<td>• Moderate and severe BPSD (Behavioral &amp; Psychological Symptoms of Dementia)</td>
</tr>
<tr>
<td>° Senior’s Health Clinics (RGH and Bridgeland)</td>
<td>Send to: Community Geriatric Mental Health Services (CGMHS). PH: 403-955-6155 FX: 403-955-6169</td>
</tr>
<tr>
<td>° Calgary Fall Prevention Clinic</td>
<td></td>
</tr>
<tr>
<td>° Carewest Dealing with Dementia</td>
<td></td>
</tr>
<tr>
<td>° Carewest Day Hospital (North &amp; South)</td>
<td></td>
</tr>
</tbody>
</table>

**SENIORS HEALTH CLINICS (RGH AND BRIDGELAND)**

**CALGARY FALL PREVENTION CLINIC**

An in-home assessment is completed by a healthcare professional trained in falls prevention. Fall risks are identified and specific recommendations are provided to the client and family physician. Patients must have fallen within the last 12 months and cognitively be able to benefit from the assessment (mini-mental status exam of 20/30 or greater).

**CAREWEST DEALING WITH DEMENTIA**

A time-limited ambulatory service for seniors with specific needs related to dementia, along with their caregivers. The intent is to increase caregivers’ knowledge, skill and coping to enable them to better provide support and care for their family member and to maintain their own well-being.

**ACTIVITIES/SERVICES INCLUDE:**

- Assessment, diagnosis and treatment by interdisciplinary team including geriatric psychiatrist.
- Interactive education sessions for primary caregivers.
- Participation by the client and caregiver in group activities; modeling and coaching by the team.
- Supportive counselling; and linking with community services.
- Anticipated progress and needs of both client and family addressed.
- Clients and their caregivers normally attend four to five hours once per week for thirteen weeks.
CAREWEST DAY HOSPITAL (NORTH & SOUTH)
A time-limited ambulatory treatment and rehabilitation program for frail seniors who are living at home with medical and functional concerns, at risk for hospitalization or care centre admission. The focus is to promote their well-being, functional abilities, and quality of life, through comprehensive assessment and treatment by an interdisciplinary team with expertise and experience in the care of frail elderly.

ACTIVITIES / SERVICES INCLUDE:

• Collaborative assessment completed by team (social worker, physical therapist, occupational therapist, recreation therapist, physician, and nurse; further assessment, treatment, and/or consultation available from a speech language therapist, psychologist, geriatrician, geriatric psychiatrist, and pharmacist).

• Client centred, functional goals and treatment plan developed in collaboration with client, and family and/or other care providers.

• Integrated therapy and treatment, including both individual and group activities.

• Links to appropriate community programs and services

• Discharge plan communicated to family physician, referral source, and home care (if involved).

• Clients normally attend five hours twice per week for three to four month
# Sleep Centre

Referrals to the Sleep Centre should be sent to the Sleep Centre Central Access & Triage

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>URGENT</td>
<td>• Severe daytime somnolence</td>
<td>FX 403-270-2718</td>
<td>&lt; 1-2 MONTHS</td>
</tr>
<tr>
<td></td>
<td>• Respiratory failure</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pulmonary HTN, cardiomyopathy, uncontrolled HTN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEMI URGENT</td>
<td>• Moderately severe daytime somnolence</td>
<td></td>
<td>&lt; 2-4 MONTHS</td>
</tr>
<tr>
<td>ROUTINE</td>
<td>• Normal daytime somnolence</td>
<td></td>
<td>12-18 MONTHS</td>
</tr>
</tbody>
</table>

## Referral Requirements

### Co-Morbidity Information

- Congestive heart failure *
- Ischemic heart disease *
- Cardiac arrhythmias *
- Respiratory failure (PO2 < 50, PCO2 > 50) *
- Stroke (specify year/s)
- Other respiratory disease
- Neuromuscular disease
- Other neurologic disease
- * Please see subspecialty section to the right for required documents.

### Mandatory Tests / Investigations

- Congestive heart failure, ischemic heart disease and cardiac arrhythmias:
  - Reports of recent investigations (echo, MUGA, angio, PFT’s if available)
- Respiratory failure
  - Reports of recent investigations (PFT’s, ABG’s, echo if available)
  - Current treatment (oxygen, CPAP, BiPAP)

### Symptom Information

- Please indicate nature of severe daytime somnolence, including but not limited to:
  - Patient falls asleep and is at risk at work (please specify profession)
  - Patient falls asleep while driving (please specify how often, and whether any accidents have occurred)
  - Patient is a professional driver
- Please indicate if your patient is going for major surgery within the next 6 months and the reason.
Southern Alberta HIV Clinic (SAC) PH 403-955-6399

All referrals to the Southern Alberta HIV Clinic should be made through the main clinic phone/fax number. Clinic staff will triage referrals and book appointments with patients. Please note: All patients must have a documented positive HIV test result prior to referral.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| ROUTINE         | • All referrals to the Southern Alberta HIV Clinic (SAC) are considered routine and treated equally.  
• All patients must have a positive HIV result, as SAC does not perform HIV screening tests. | FX 403-955-6355 | < 1-2 WEEKS                |

**REFERRAL REQUIREMENTS**

- Positive HIV result
- Recent hospital admission records (within past year) including location and approximate dates
- Relevant co-morbidity
- Active infections (e.g., active TB)
- Relevant symptoms
- Language needs
- Barriers to care (e.g., transportation issues)
Vascular Risk Reduction Program PH 403-955-8032

This program helps patients with known atherosclerotic disease (CAD, CVA, carotid disease or PAD) manage their risk factors related to atherosclerosis (DM, HTN, Dyslipidemia and smoking) with the aim of preventing further disease. Patients receive evaluation, education and management of their arterial health. They are followed for a minimum of 1 year to a maximum of 2 years.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>URGENT</td>
<td>• Known atherosclerotic disease: MI/CABG or CVA/TIA within the past 3 months and/or Hgb A1c &gt; 9.0</td>
<td>FX 403-955-8634</td>
<td>4 – 6 WEEKS</td>
</tr>
<tr>
<td>SEMI-URGENT</td>
<td>• Known atherosclerotic disease: event greater than 3 months, or PAD or carotid disease.</td>
<td></td>
<td>8 – 10 WEEKS</td>
</tr>
</tbody>
</table>

REFERRAL REQUIREMENTS

MANDATORY TESTS / INVESTIGATIONS
- History and Physical – most recent
- Current Medications with dosage
- Discharge summary (inpatients)
- Hgb A1C for those with diabetes
- Fasting glucose
- Lipid Profile
- Electrolytes
- Creatinine
- TSH
- ALT and CK

RELEVANT CO-MORBIDITY
- Diabetes
- Thyroid Disease
- CAD
- PAD
- CVA/TIA
- Renal Disease
- Smoker

NOTE
The following conditions are not monitored or managed in this program:
- CHF
- Pulmonary HTN
- If a patient is on coumadin - INR’s are not monitored in this program.
Grief Support Program

The Grief Support Program offers grief counselling to adults 18 years and older that have faced the death of a loved one. The program offers individual and group services – up to 8 individual counselling sessions are available and grief support groups are held weekly for 6 consecutive weeks. The Grief Support Program also offers grief and bereavement education to the public, community agencies, and Alberta Health Services staff.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| URGENT          | Crisis or urgent services are not available or urgent care or support is required prior to a booked session with the Grief Support Program | Call Health Link Alberta 403-943-5465  
or call the Calgary Distress Centre at 403-266-4357 | N/A |
| ROUTINE         | Individual and group counselling for those who are grieving the loss of someone who has died. | Self-referrals call: (403) 955-8011 | 2-3 WEEKS* |

*Approximate time to be seen – The average wait to access an individual grief support session is generally 2 – 3 weeks, depending on demand that fluctuates throughout the year. Thirty-five (35) grief support groups are established each year - anyone interested in attending a group session needs to first have an individual session with a counsellor.

REFERRAL INFORMATION

SERVICE LOCATIONS
The Bob Glasgow Grief Support Centre  
Phone – (403) 955-8011, Fax – (403) 955-8022  
Richmond Road Diagnostic and Treatment Centre, 1820 Richmond Road S.W., Calgary, Alberta T2T 5C7

RELEVANT POLICIES
There is no charge for grief support services; however, tax deductible donations to the Grief Support Program Fund are appreciated.
The Grief Support Program offers grief counselling to adults 18 years and older that have faced the death of a loved one. The program offers individual and group services – up to 8 individual counselling sessions are available and grief support groups are held weekly for 6 consecutive weeks. The Grief Support Program also offers grief and bereavement education to the public, community agencies, and Alberta Health Services staff.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL REFERRALS</td>
<td>Patient has a demonstrated rate of deterioration of weeks to days with extensive evidence of disease</td>
<td>All referrals must be made by a palliative consultant or palliative home care coordinator by calling: Hospice Central Access at (403) 944-1614</td>
<td>CASE BY CASE*</td>
</tr>
<tr>
<td></td>
<td>Patient and/or designated decision-maker is agreeable to no further aggressive or invasive treatment intended to cure disease.</td>
<td>Hospice Central Access at (403) 944-1614</td>
<td>2-3 WEEKS*</td>
</tr>
<tr>
<td></td>
<td>Signed Goals of Care are “C” or “M2” as per AHS document # HSC-38.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient has a life-limiting illness with an estimated prognosis of 3 months or less</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**REMARKS**
- Hospices cannot accept patients who are at risk for elopement.
- Rosedale Hospice can only accept patients with primary disease of cancer.

REFERRAL INFORMATION

**RELEVANT SYMPTOMS**
Physical symptoms such as pain, nausea, vomiting, constipation, bowel obstruction, anorexia / cachexia, fatigue, and breathlessness are assessed and managed according to individual patient need.

**RELEVANT POLICIES**
Patients with complex needs (medical, nursing, psychosocial, spiritual) need to be identified to the Manager, Hospice Operations / Central Access in order to assess for and arrange appropriate pre-admission needs. Any ensuing discussion will take place before the patient is approved for the Hospice waitlist.
Residential Hospice  PH 403-944-1614

**SERVICE LOCATIONS**

There are six hospice locations in Calgary and one near Okotoks.

The patient / family is required to select a minimum of three hospice preferences and is required to accept the first available bed in that grouping, except in exceptional circumstances below:

- Extreme geographic needs where placement at a particular Hospice would present true hardship
- Intrathecal or epidural catheter goes to Sarcee Hospice only
- Patient has complex needs which have been negotiated / discussed with a designated hospice by the Manager, Hospice Access

**ADDITIONAL NOTES**

- Diagnostic tests and other assessments are appropriate only when results are needed for palliation of symptoms.
- All Hospices can manage subcutaneous medication administration and/or hydration, tracheostomies, gastrostomy tubes, oxygen, respiratory treatments, pleurex drainage, intermittent suctioning, and BIPAP.
- Associated costs (exempt if going to Santuari Hospice) –
  - Medication – patient should be registered with Alberta Blue Cross Palliative Care Program
  - Oxygen – provided through private vendor agency
  - No daily accommodation fee
The Palliative Care Consult Service supports adult patients, families, and attending teams with concerns regarding the management of complex palliative symptoms and or issues related to the patient’s life threatening disease; such as palliative pain and symptom management, psychosocial and spiritual concerns, education regarding disease progression and the end of life, prognosis and goals of care, accessing community resources and transitioning patients to hospice. The service is comprised of palliative care physicians, palliative clinical nurse specialists, nurse clinicians, and a clinical specialist in end stage pulmonary disease. The Palliative Consult Service does NOT assume care.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMERGENT</td>
<td>patient is palliative;</td>
<td>Acute Care Patients</td>
<td>SAME DAY</td>
</tr>
<tr>
<td></td>
<td>crisis pain and symptom management;</td>
<td>SCM order palliative referral</td>
<td>IF AN IN-PERSON VISIT IS NOT POSSIBLE, THEN A PHONE CONSULT WILL BE PROVIDED.</td>
</tr>
<tr>
<td></td>
<td>family / patient support for psychosocial distress related to end of life</td>
<td>or call (403) 944-8294 Monday – Friday 0800-1600.</td>
<td></td>
</tr>
<tr>
<td>URGENT</td>
<td>patient is palliative;</td>
<td>After hours, call 403-944-1110 and ask for palliative physician on call</td>
<td>&lt; 24 – 48 HOURS</td>
</tr>
<tr>
<td></td>
<td>pain / symptom assessment with recommendation for management;</td>
<td>Community (Home)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>family / patient psychosocial support;</td>
<td>call 403-944-2304 and fax referral to 403-270-9652</td>
<td></td>
</tr>
<tr>
<td></td>
<td>at risk for presenting to an emergency department.</td>
<td>All Rural Sites</td>
<td></td>
</tr>
<tr>
<td></td>
<td>patient is palliative with deteriorating physical and/or cognitive decline;</td>
<td>call 403-995-2714 and fax referral to 403-995-2619</td>
<td></td>
</tr>
<tr>
<td></td>
<td>end-of-life decision making, routine pain/symptom management;</td>
<td>Care Centres</td>
<td></td>
</tr>
<tr>
<td></td>
<td>patient / family psychosocial spiritual support;</td>
<td>call 403-943-0251 and fax referral to 403-943-0231</td>
<td></td>
</tr>
<tr>
<td></td>
<td>need for information;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>transition to hospice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOT SEEN</td>
<td>Pediatric patients.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Palliative Care Consult Service

**PH 403-944-2304**

## Referral Information

### Relevant Symptoms
Related to the palliative process, symptoms may include pain, dyspnea, cachexia related to advancing disease, delirium, nausea / vomiting, and risk of terminal bleeding (hemorrhage), physical and cognitive decline, psychosocial and/or spiritual distress in the patient and/or family, anticipatory grief in the patient and/or family. Need for further education regarding disease trajectory, prognosis, goals of care and end of life planning/decision-making may also be required.

### Relevant Co-morbidities
May include cancer, end-stage renal disease, end-stage cardiac disease, end-stage lung disease (e.g. COPD, pulmonary fibrosis), end-stage liver disease, end-stage dementia, neurodegenerative diseases (e.g., ALS, multiple sclerosis, Parkinson’s disease).

## Service Locations
The Palliative Care Consult Service is available at all sites of care within the urban and rural boundaries of the Calgary Zone including Acute Care, Community sites (Home, Care Centres and selected Specialty Clinics). If you call the Palliative Care Consult Service Central Office at 403-944-2304, your call may be redirected to the most appropriate team.

## Relevant Policies
- Palliative Care Consultants do not assume care. The consultants work with the patient’s current medical providers in a specialized and consultative role to better support the patient/family and attending teams.
- Referrers may be contacted by the consultant to discuss the patient further with an option of a joint visit. If you have not been contacted within 48 hours of putting the referral in please call the Central Office at 403-944-2304 to inquire.
- The Palliative Consult Service is not an emergency service.
Within the city limits of Calgary, the Urban Palliative Home Care Team provides care to home-living clients 18 years and older in the last phases of life, and to their families, with interdisciplinary care directed at minimizing physical, psychosocial, and spiritual distress.

### Triage

<table>
<thead>
<tr>
<th>Triage Category</th>
<th>Reason for Referral</th>
<th>Approximate Time to Be Seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergent</td>
<td>Client is likely within 24 hours of end-of-life</td>
<td>&lt; 24 hours</td>
</tr>
<tr>
<td>Urgent</td>
<td>Client is likely within days of end-of-life, has unstable symptom management, or requires a daily task that the family cannot be taught e.g. Peritoneal drain</td>
<td>24 - 48 hours</td>
</tr>
</tbody>
</table>
| Routine         | The client has a progressive, life limiting illness for which there are no further curative treatment options.  
|                 | The client requires complex end of life case management such as  
|                 | - Ongoing assessment in response to frequently changing symptoms  
|                 | - Ongoing medication adjustments for pain and symptom management  
|                 | - Complex end of life decision-making  
|                 | - Complex end of life psychosocial and / or spiritual issues  
|                 | The client and family understand and accept the palliative approach to care.  
|                 | It is strongly recommended that, prior to admission to Palliative Home Care, a goals of care discussion has taken place with the client / family and this has been documented on the Advance Care Planning Tracking Record.  
|                 | It is strongly recommended that the client have a family physician in place to manage ongoing medical care. | 3 - 7 days |
| Exclusion Criteria | The client does not have a progressive, life threatening illness.  
|                  | The client's primary needs are for increased Home Care services rather than complex end of life case management.  
|                  | Admission to Home Care is deemed unsafe for AHS staff, and/or vendor staff, and/or if an intervention is required or requested that is not in accordance with AHS Community Care Policies. |

### Locations - Within the City Limits of Calgary
# Urban Palliative Home Care Team

**PH 403-944-1614**

## Referral Process

<table>
<thead>
<tr>
<th>Hospital or TBCC Clients</th>
<th>Community Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not already on Home Care: contact Transition Services at the site.</td>
<td>Not already on Home Care: contact Community Care Access at 403-943-1920. (Physicians can also call Community Care Access at 403-943-1930.)</td>
</tr>
</tbody>
</table>

## Referral Requirements

<table>
<thead>
<tr>
<th>Relevant Co-morbidities</th>
<th>Relevant Symptons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maladaptive coping mechanisms in client/family</td>
<td>Complex pain related to palliative processes</td>
</tr>
<tr>
<td>Complicated anticipatory grief in the client/family</td>
<td>Complex dyspnea</td>
</tr>
<tr>
<td>Complex end of life planning and decision-making</td>
<td>Cachexia related to advancing disease</td>
</tr>
<tr>
<td>Complex addiction and/or mental health issues</td>
<td>Delirium</td>
</tr>
</tbody>
</table>

## Relevant Symptoms

- Complex pain related to palliative processes
- Complex dyspnea
- Cachexia related to advancing disease
- Delirium
- Complex nausea / vomiting
- Risk of terminal bleeding (hemorrhage)
- Fungating wounds
- Client is expected to deteriorate due to increased symptom burden

## Additional Information

### Relevant Clinic Policies
- Clients on Palliative Home Care can be reassessed at regular intervals to determine their suitability to remain on the Palliative Home Care Program. The following criteria are considered in client reassessment:
  - Stable disease or very slow progression
  - Improved function over a sustained period of 6 – 12 months
- Clients are discharged from Palliative Home Care when transferred to Hospice or another Home Care team.
- Clients who leave the Calgary Zone for two or more consecutive months are discharged from the Palliative Home Care Program

### Additional Notes
- Specific guidelines are considered by Palliative Home Care Team and the Palliative Care Consult Service, in conjunction with the admission criteria for Palliative Home Care, to help identify whether clients with a life-limiting disease would benefit from the services of Palliative Home Care. Such guidelines exist for the following disease conditions:
  - Als
  - Cancer
  - Dementia
  - Neurodegenerative diseases (e.g., Multiple sclerosis, Parkinson’s disease)
  - End-stage renal / cardiac disease
  - End-stage lung disease (e.g. COPD, pulmonary fibrosis)
  - End-Stage Liver Disease
  - Transplant Clients Awaiting Organs
Augmentative Communication & Educational Technology (ACETS)  PH 403-955-7912

ACETS provides assessment and consultation services to children and adults across Southern Alberta who are unable to meet daily communication needs through verbal speech. Clients can be referred to the service by physicians, occupational therapists, speech-language pathologist, or by family/client self-referral.

ACETS provides three streams of service for children: No and low technology, speech generating communication devices (SGCD), alternative access.

Community speech-language pathology and occupational therapy service involvement is strongly encouraged.

### Triage Category

<table>
<thead>
<tr>
<th>Triage Category</th>
<th>Reason for Referral</th>
<th>Process</th>
<th>Approximate Time to Be Seen</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Priority</strong></td>
<td>• Degenerative conditions (e.g. muscular dystrophies, multiple sclerosis).</td>
<td>FX 403-955-7501 or Email: <a href="mailto:acets@ahs.ca">acets@ahs.ca</a></td>
<td>&lt; 2 MONTHS</td>
</tr>
<tr>
<td></td>
<td>• Palliative conditions (e.g. cancer).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Acute condition with sudden loss of speech (e.g. brain injury).</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Routine</strong></td>
<td>• Clients with a stable medical status who have a severe communication impairment and are unable to meet their daily communication needs through verbal speech.</td>
<td></td>
<td>&lt; 1 MONTH</td>
</tr>
</tbody>
</table>

### Referral Requirements

**Mandatory Information**

- Reason for referral
- Motor and developmental diagnoses (e.g. CP, autism, seizure disorders, neurogenerative conditions)
- Receptive and expressive language abilities
- Visual and motor abilities
- Educational, vocational, and/or home setting descriptions
- Current or prior use of augmentative or alternative communication strategies including SGCD trials
- Planned seating appointments
- Other service providers/programs/supports involved in the client’s care
- Whether the client has access to telehealth facilities through local service providers

### Service Transition

Clients are redirected to primary therapy team once referral question/issue has been addressed. Re-referral is welcomed when client needs change or new communication concern has been identified that cannot be addressed by primary therapy team.
The Brachial Plexus Program offers diagnosis, assessment, treatment, care co-ordination and counseling from birth to 18 years of age with a congenital/obstetrical and/or traumatic injury to the brachial plexus. Professional services available within the Brachial Plexus Program include: neurology/pediatrics, neurophysiology, orthopedic surgery, plastic surgery, physical therapy, occupational therapy, and social work.

A physician referral is required. Any health care provider or parent can refer a child through their physician to the Brachial Plexus Program for follow-up of specific issues.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| PRIORITY        | • New diagnosis of brachial plexus injury  
• Children requiring post-surgical rehabilitation (e.g. nerve reconstruction, tendon transfer, capsular release) | Therapist will see new babies in NICU at other Calgary sites as needed.  
Therapist to contact family upon receipt of referral.  
Post-surgical protocol timelines to be followed | APPOINTMENT TO BE MADE  
< 1-2 WEEKS |
| ROUTINE         | • Children experiencing change in functional status e.g. difficulty with ADLS, change in equipment needs including splinting.  
• Children requiring monitoring of developmental status in the absence of community services. | FX 403-955-7045  
Family will be contacted within two weeks upon receipt of referral | APPOINTMENT TO BE SCHEDULED  
< 6 WEEKS  
DEPENDING ON IDENTIFIED ISSUES. |

**REFERRAL REQUIREMENTS**

**MANDATORY INFORMATION**

• Specific identified issue(s) or problem(s)  
• Birth History  
• Results of any diagnostic testing  
• Surgical history  

• Other clinics and services involved in the child’s care  
• Previous reports including therapy reports  
• Languages spoken in the home including whether the parents speak English

**SERVICE TRANSITION**

• Therapists will facilitate transition of children and families into community-based rehabilitation services and/or school-based services as appropriate.

• Clinic-based therapists liaise with community therapists (e.g. school board therapists, home care, rural therapy agency, etc.) regarding relevant issues identified through assessments and clinic visits.
**Dr. Gordon Townsend Rehabilitation & Education Program**  PH 403-955-2582

Day treatment program that provides educational support and short-term (<6 months) intensive rehabilitation (multiple therapies on a daily basis) to children between the ages of five to 18 who have experienced a recent change in physical functioning following an illness, injury or surgery, or who would benefit from enhanced coordination of services for the purpose of providing programming to promote successful integration into a community school setting (wheelchair, seating, orthotics, communication devices, environmental controls, neurobehavioural interventions).

When students have met their short term intensive rehabilitation goals, they transition from the program to their community schools and ongoing outpatient, school-based and/or community-based rehabilitation services, if required.

**REASON FOR REFERRAL**

- Patient requires services of multi-disciplinary team to meet short-term intensive rehabilitation goals
- Patient is able to tolerate full school day and participation in multiple therapies
- Patient is in registered education program (K-G12)
- Parent/guardian able to commit home programming requirements and periodically attend treatment sessions and meetings

Attendance is required for all students based on a modified school calendar.

**Fax referral to:** 403-955-2620

**Referrals can be made by any healthcare provider or team**

**REFERRAL REQUIREMENTS**

**MANDATORY INFORMATION**

- Functional goals to be addressed in a short-term intensive rehabilitation/intervention program
- School program information
- List of all active school, community and clinic-based therapy contacts
- Parent contact information and parent informed consent – parents have reviewed
- Program information letter and committed to participate and support the required therapies
- Surgery date, if applicable
- Functional outcome measurements, if available (e.g. GMFCS, Weefim, PedI, etc.)
- Other relevant information that would impact a student’s ability to participate in either the education or rehabilitation component of program
- Identification of other services that may be beneficial to access during the admission (e.g. orthotics, seating, ACETS)
Infant Cranial Remodeling Program / Head Shape Clinic

The Infant Cranial Remodeling Program/Head Shape Clinic offers assessment and treatment of plagiocephaly, brachycephaly, dolichocephaly, and craniosynostosis for infants newborn to twelve months of age. The clinic structure is as follows:

- Pediatrician Assessment (PA) Clinic: infants 6-12 months of age
- Early Identification and Treatment (EIT) Clinic: infants 4-6 months of age are seen by a Physical Therapist or Occupational Therapist.
- Infant Repositioning Class: infants under 4 months of age. Referral to the clinic is not necessary; however for all referrals received for this age group, it will be mandatory to attend class prior to being seen in the PA or the EIT Clinics. Infants will be all be seen and assessed by an OT or PT.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>URGENT</td>
<td>• Suspected craniosynostosis The referral will be redirected to Neurosurgical Clinic as appropriate</td>
<td>FX 403-955-7609</td>
<td>&lt; 2-4 WEEKS</td>
</tr>
<tr>
<td></td>
<td>• Infants eight to twelve months of age with plagiocephaly /brachycephaly/ dolichocephaly</td>
<td>FX 403-955-7609</td>
<td>&lt; 4 WEEKS</td>
</tr>
<tr>
<td>SEMI URGENT</td>
<td>• Infants &lt; four months of age with plagiocephaly /brachycephaly/ dolichocephaly</td>
<td>FX 403-955-7609</td>
<td>&lt; 1 MONTH</td>
</tr>
<tr>
<td>ROUTINE</td>
<td>• Infants four to eight months of age with plagiocephaly /brachycephaly/ dolichocephaly</td>
<td>FX 403-955-7609</td>
<td>&lt; FOUR TO SIX WEEKS</td>
</tr>
</tbody>
</table>

Parents may call to register for an Infant Repositioning Class: 403-955-5437

REFERRAL REQUIREMENTS

RELEVANT INFORMATION

- Reason for referral
- Any concurrent diagnoses (including, but not limited to, torticollis and/or developmental delay)
- Date of birth, and whether infant was born at term
- The results of any imaging
- Scaphocephaly (dolichocephaly)/plagiocephaly/ brachycephaly severity assessment score (optional) - developed by Cranial Technologies Inc. and downloadable off their website at www.cranialtech.com

SERVICE TRANSITION

- Children seen in Infant Repositioning classes may be followed up in EIT or discharged and redirected back to their referral source
- Children seen in Infant Repositioning classes who are identified with torticollis are referred to Child Health or Community Physical Therapy services for follow-up
- Children seen in Head Shape Clinic are referred for treatment with a cranial remodeling device, referred back to Neurosurgery Clinic as appropriate or transitioned back to their referral source for ongoing follow-up
The Movement Assessment Centre provides video motion capture technology (video, force plates, surface electromyography) for quantitative assessment of movement abnormalities in children and adults to assist in clinical decision making or to assist in quantifying effects of interventions (e.g. surgery, drugs, Botox).

### Referral Requirements

<table>
<thead>
<tr>
<th>Reason for Referral</th>
<th>Process</th>
<th>Approximate Time to Be Seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referring physicians must include a question or statement describing their expectations of the assessment. The question might refer to a clinical decision that will be made based on the assessment outcome.</td>
<td>FX 403-955-7501 or Mail: Movement Assessment Centre, Neuroscience Department, 2888 Shaganappi Trail NW Calgary, AB. T3B 6A8</td>
<td>&lt; 3-8 WEEKS depending on the urgency of the referral and the availability of the Centre Medical Director</td>
</tr>
</tbody>
</table>

### Referral Requirements

#### Mandatory Information
- Previous surgery or Botox history
- Assistive devices, including orthoses, currently being used
- Time frame of proposed intervention (e.g. target surgery date)
- Latex allergies
- Impaired cognition that prevents the client from following instructions
- History of falls
- Community practitioners involved in the client’s care (e.g. school therapist, orthotist)

#### Service Transition
If assessment results in a surgical intervention, the client will be reassessed at three, six, 12, 24, and 48 months post-intervention. If the client begins a drug therapy, reassessment will be done at six-month intervals. For all other cases, reassessment will be completed only with a new referral from the physician.
Neurology Program

PH 403-955-5437

The Neurology Program provides assessment, diagnosis, treatment and transition planning for children from birth to 18 years of age who have neurological disorders in collaboration with the community physicians. These include seizures, epilepsy, debilitating headache disorders including migraines, neuromuscular diseases, movement disorders, brain injury and stroke.

The Neurology Program operates as a consultative or shared-care model. We do not provide primary care services. All referrals must have a family doctor/pediatrician or been referred to one. We encourage physicians to call for advice and support for any child with a neurological disorder.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>URGENT</td>
<td>• Acute neurological deterioration&lt;br&gt;• New onset infantile spasms or infantile epilepsy&lt;br&gt;• Suspected stroke or TIA&lt;br&gt;• New onset headache with suspected increased intracranial pressure&lt;br&gt;• Myasthenic crisis or unstable neuromuscular disease&lt;br&gt;• Guillian Barre</td>
<td>Contact pediatric neurologist on-call&lt;br&gt;403-955-7211&lt;br&gt;These referrals are NOT ACCEPTED BY FAX</td>
<td>&lt; 1 WEEK</td>
</tr>
<tr>
<td>SEMI URGENT</td>
<td>• Deteriorating multiple sclerosis&lt;br&gt;• New onset epilepsy&lt;br&gt;• New onset movement disorder&lt;br&gt;• Severe intractable headache&lt;br&gt;• Progressive neurodegenerative condition&lt;br&gt;• Stable myasthenic disease&lt;br&gt;• Acute neuropathy</td>
<td>Referral received by fax or telephone or by internal direct department referral (DDR).&lt;br&gt;Reviewed daily Monday-Friday by nurse and pediatric neurologist.&lt;br&gt;Physicians are encouraged to send these referrals by fax.&lt;br&gt;Fax: 403-955-7609</td>
<td>&lt; 1 MONTH</td>
</tr>
<tr>
<td>ROUTINE</td>
<td>All other neurological concerns.</td>
<td></td>
<td>3 MONTHS</td>
</tr>
</tbody>
</table>
# Neurology Program

**PH 403-955-5437**

## REFERRAL REQUIREMENTS

### MANDATORY INFORMATION
- Primary care physician/pediatrician information
- Reason for referral
- Comprehensive history and physical examination details.
- Any abnormal neurological findings (including developmental screening information).
- Latest lab work & any that have been ordered.
- List of current medications.
- Whether the patient has had, or booked for, any of the following: CT, MR or EEG. If yes, please indicate location and time.
- Whether this patient is followed through/or been referred to any other ACH specialty clinics. If yes, please indicate which ones.
- Please note: headache referrals enter a screening process. Usually only atypical headache disorders, worrisome headaches or debilitating headaches will be accepted. When referrals are not accepted, the physician and patient will be notified and helpful information will be provided.

### EXCLUSIONS
- Global developmental delay - unless referred by a pediatrician
- First seizures in children over 1 year of age
- Febrile convulsions
- Atypical febrile convulsion - unless seen & referred by a pediatrician
- Non-debilitating headaches
- Syncope or fainting spells
- Breath-holding spells
- Self-stimulatory behaviors
Neuromotor Program

The Neuromotor Program is a consultative service that offers assessment, treatment, care co-ordination and counseling for children from birth to 18 years of age with a diagnosis of cerebral palsy (CP).

Professional services available through the program include pediatrics, orthopedic surgery, physiatry, neurology, nursing, physical therapy, occupational therapy, speech and language pathology, psychology, social work and clinical nutrition.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| URGENT          | • Child experiencing pain  
                  • Child experiencing a significant change in function  
                  • Children and families new to the province without required equipment or connections to community resources  
                  • A physician referral is required | FX 403-955-2996 or Mail: Neuromotor Program, Neuroscience Department, 2888 Shaganappi Trail NW, Calgary, AB., T3B 6A8 | < 4-6 WEEKS |
| ROUTINE         |                     |         | < 2 MONTHS. |

REFERRAL REQUIREMENTS

MANDATORY INFORMATION

- Reason for referral
- Date of birth & birth record
- Diagnosis and concurrent diagnoses
- That a discussion of diagnosis of cerebral palsy or of cerebral-palsy like condition has occurred with the family
- Results of any developmental screening
- Results of any diagnostic imaging
- Surgical history
- History of botox injections
- Other clinics and services involved in the child’s care
- Previous reports including therapy reports
- Language spoken
- Equipment, splinting, bracing
- Name, address & phone of caregivers/guardians
- Medications
- Healthcare coverage

SERVICE TRANSITION

- Information will be exchanged between the clinic and the child’s community primary health providers. Transfer of the young adult to adult services will be facilitated by the clinic as required.
Neuromuscular Program
PH 403-955-7603

The Neuromuscular Program offers diagnosis, assessment, treatment, care co-ordination, and counseling for children from birth to 18 years of age with a neuromuscular diagnosis such as muscular dystrophy, myotonic dystrophy, spinal muscular atrophy, and Charcot-Marie-Tooth.

Professional services available within the program include neurology/pediatrics, orthopedic surgery, pulmonology, nursing, physical therapy, occupational therapy, psychology, and social work. Consultations can be made to cardiology, sleep lab, speech-language pathology, and clinical nutrition as required.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>URGENT</td>
<td>• Children experiencing acute feeding issues</td>
<td>FX 403-955-7609</td>
<td>&lt; 4 WEEKS depending on identified issues</td>
</tr>
<tr>
<td></td>
<td>• Children and families requiring urgent psychosocial support</td>
<td>A physician referral is required.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• New diagnosis presenting with functional concerns and no existing therapy support in place</td>
<td>Family will be contacted upon receipt of referral</td>
<td></td>
</tr>
<tr>
<td>ROUTINE</td>
<td>• Children experiencing change in functional status (e.g. increased falls, difficulty with ADLS, change in equipment needs, including splinting)</td>
<td>FX 403-955-7609</td>
<td>Appointment to be scheduled</td>
</tr>
<tr>
<td></td>
<td>• Children requiring monitoring of developmental status in the absence of community services</td>
<td>A physician referral is required.</td>
<td>&lt; 6 WEEKS depending on identified issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family will be contacted within 2 weeks of receipt of referral.</td>
<td></td>
</tr>
</tbody>
</table>

REFERRAL REQUIREMENTS

MANDATORY INFORMATION

• Specify languages spoken in the home, including whether the parents speak English
• Evidence for diagnosis of cerebral palsy, including diagnostic imaging and lab work
• Clinical question to be addressed
• Parental concerns related to cerebral palsy diagnosis
• Birth history, including where child was born (hospital name and location)
• Copy of most recent physician note/assessment
• Developmental screen and/or therapy reports
• Rehab Services requested or currently involved in child’s care

SERVICE TRANSITION

Therapists will facilitate transition of children and families into community-based rehab services and/or school-based services as appropriate.

Clinic-based therapists liaise with community therapists (e.g. school board therapists, home care, rural therapy agency, etc.) regarding relevant issues as identified through assessments and clinic visits.
Neurosciences Adolescent Transition Program (NAPT)  PH 403-955-7045

The Neurosciences Adolescent Transition Program (NATP) provides information and support to assist with preparing youth (aged 12 – 18 years) and parents in the transition from child to adult services. The goal of this program is to discuss the youth’s and family’s transition concerns and link them to appropriate community based programs to address their ongoing needs.

This program includes:

• Initial adolescent transition assessment with youth, parent(s) and a member of the NATP team
• Assistance with transition goal setting
• Referrals to community and health care agencies
• Information packages/resources on specific transition topics.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIORITY</td>
<td>• Youth who are 17 – 19 and imminently transferring to the adult sector</td>
<td>PH 403-955-7645</td>
<td>&lt; 2 WEEKS</td>
</tr>
<tr>
<td></td>
<td>• Youth with complex medical needs that require a team approach in planning</td>
<td>FX 403-955-7045</td>
<td></td>
</tr>
<tr>
<td></td>
<td>successful transition to the adult sector</td>
<td><a href="mailto:ns.transition@ahs.ca">ns.transition@ahs.ca</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Youth with limited access to community services in their geographic location</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROUTINE</td>
<td>• Youth who are motivated to work towards transition goals and are interested in</td>
<td></td>
<td>&lt; 2 MONTHS</td>
</tr>
<tr>
<td></td>
<td>learning more about transition resources.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REFERRAL INFORMATION

REFERRAL PROCESS
Referrals can be initiated by youth, family members or health care professionals. Referrals that are initiated by youth and/or their parents/guardians are preferred.

The youth’s/family’s contact information should be left on the transition voicemail or email. A member of the NATP team will respond to the email or voicemail within three working days.

NATP is not able to meet with youth during their clinic visits. Exceptions will be made for youth from out of town, if the team is notified prior to the clinic visit.

REFERRAL ELIGIBILITY CRITERIA
Youth must be registered in one or more neurosciences programs.

Any transition concerns must be directly related to the youth’s medical condition.

Youth must be between the ages of 12 – 19 years of age.

Youth must be self-referred and demonstrate willingness to work towards their transition goals.

REFERRAL ELIGIBILITY CRITERIA
Youth must be registered in one or more neurosciences programs, and any transition concerns must be directly related to the youth’s medical condition.

Youth must be between the ages of 12 – 19 years of age.

Youth must be self-referred and demonstrate willingness to work towards their transition goals.
Neuro Rehabilitation Program

The Neuro Rehabilitation Program provides assessment, treatment, care co-ordination, and counseling for children from birth to 18 years of age who have experienced an acute change in functioning due to illness, surgery, or injury (e.g. brain injury). Professional services available through the program include, physiotherapy, occupational therapy, and speech and language pathology. Consultation available to dietary, psychology, education consultation and social work.

Children transition from this service to community/school based rehabilitation services when their needs can be appropriately met there.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIORITY</td>
<td>Child requires out-patient therapy follow-up to support discharge from an inpatient setting</td>
<td>FX 403-955-7609</td>
<td>&lt; 1 WEEK OF DISCHARGE</td>
</tr>
<tr>
<td>ROUTINE</td>
<td>Child’s performance issues are significantly impacting school or home functioning</td>
<td>FX 403-955-7609</td>
<td>CONTACTED &lt; 2 WEEKS OF RECEIPT OF REFERRAL</td>
</tr>
</tbody>
</table>

REFERRAL REQUIREMENTS

<table>
<thead>
<tr>
<th>PROCESS</th>
<th>MANDATORY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Children requiring therapy services can be referred to the program by any healthcare provider or team</td>
<td>• Reason for referral</td>
</tr>
<tr>
<td>• Children requiring medical follow-up in the Brain Injury Clinic require a physician’s referrals should be referred directly to Brain Injury Clinic by a physician</td>
<td>• Concurrent diagnoses</td>
</tr>
<tr>
<td></td>
<td>• Inpatient admission history</td>
</tr>
<tr>
<td></td>
<td>• Surgical history if applicable</td>
</tr>
<tr>
<td></td>
<td>• Results of any diagnostic imaging</td>
</tr>
<tr>
<td></td>
<td>• Other clinics and/or services involved in child’s care</td>
</tr>
<tr>
<td></td>
<td>• Previous reports including therapy reports</td>
</tr>
<tr>
<td></td>
<td>• Language spoken in the home, including whether the parents speak English</td>
</tr>
</tbody>
</table>

CONTACT INFORMATION

Neuro Rehabilitation Program, Neurosciences Program, Alberta Children’s Hospital
2666 Shaganappi Trail NW Calgary, AB T3B 6A8

Neuro Rehabilitation Program Co-coordinator:
PH: 403-955-KIDS (5437)  FX:403-955-2620

Brain Injury Clinic:
PH: 403-955-7900  FX:403-955-7609
Orthotics PH 403-955-7918

The Orthotics Service provides design, fabrication and fitting of orthoses (braces or splints) to children from birth to 18 years of age.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>URGENT</td>
<td>• Post-operative</td>
<td>A written physician prescription with physician signature is required.</td>
<td>&lt; 1 WEEK</td>
</tr>
<tr>
<td></td>
<td>• Scoliosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Skin breakdown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEMI URGENT</td>
<td>• Pain</td>
<td>FX 403-955-7501</td>
<td>&lt; 3 WEEKS</td>
</tr>
<tr>
<td>ROUTINE</td>
<td>• New device due to growth</td>
<td>Orthotics, Rehabilitation and Education Clinics, 2888 Shaganappi Trail NW Calgary, AB, T3B 6A8</td>
<td>&lt; 1 MONTH</td>
</tr>
</tbody>
</table>

REFERRAL REQUIREMENTS

MANDATORY INFORMATION

• Medical diagnosis
• Type of orthoses requested
• Parent contact information
• Guardianship information
• Language spoken in the home, including whether the parents speak English
• X-ray if necessary if bracing is for scoliosis
• Cast removal date if applicable
• Whether orthotics appointment needs to be coordinated with other clinic appointments

SERVICE TRANSITION

Families are transitioned from the program to private orthotic facilities when youth becomes 18 years old. Clients/families are provided with a list of private orthotic facilities to contact to address their orthoses’ prescription. Families also have the option of accessing services through private orthotic facilities at any time.

CONTACT INFORMATION

Neuro Rehabilitation Program, Neurosciences Program, Alberta Children’s Hospital
2666 Shaganappi Trail NW Calgary, AB T3B 6A8

Neuro Rehabilitation Program Co-coordinator:
PH 403-955-2603 (for children registered in school)
PH 403-955-7063 (for children registered in pre-school)
FX 403-955-2620

Brain Injury Clinic:
PH: 403-955-7900  FX: 403-955-7609
### REFERRAL PROCESS

Alberta has provincial referral requirements for pediatric gastroenterology referrals.

For provincial referral information click or visit:

[www.ahs.ca/assets/info/hp/arp/if-hp-arp-pediatric-gastroenterology-qr.pdf](http://www.ahs.ca/assets/info/hp/arp/if-hp-arp-pediatric-gastroenterology-qr.pdf)

For more information about Alberta Referral Pathways

[www.ahs.ca/pathways](http://www.ahs.ca/pathways)

---

### URGENT REFERRAL / EMERGENCY:

**FOR ALL EMERGENCIES, REFER DIRECTLY TO THE EMERGENCY DEPARTMENT**

OR

**CONTACT RAAPID**

South: 1-800-661-1700 or 403-944-4486

---

<table>
<thead>
<tr>
<th>URGENT REASON FOR REFERRAL</th>
<th>SUGGESTED TIME FRAME &amp; INVESTIGATIONS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACUTE DIARRHEA WITH DEHYDRATION</td>
<td></td>
<td>&lt; 24 HOURS</td>
</tr>
<tr>
<td>ACUTE LIVER FAILURE (INR &gt; 1.5)</td>
<td>Within 24 hours:</td>
<td>&lt; 24 HOURS</td>
</tr>
<tr>
<td></td>
<td>• ALT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• INR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Description of symptoms (e.g. altered level of consciousness)</td>
<td></td>
</tr>
<tr>
<td>ACUTE PANCREATITIS</td>
<td></td>
<td>&lt; 24 HOURS</td>
</tr>
<tr>
<td>ACUTE SIGNIFICANT GI BLEEDING / MELENA</td>
<td></td>
<td>&lt; 24 HOURS</td>
</tr>
<tr>
<td>CAUSTIC INGESTION</td>
<td></td>
<td>&lt; 24 HOURS</td>
</tr>
<tr>
<td>ESOPHAGEAL FOREIGN BODY / FOOD IMPACTION</td>
<td></td>
<td>&lt; 24 HOURS</td>
</tr>
</tbody>
</table>
Seating Service

PH 403-955-2914

The seating service provides assessment and provision of new custom made and commercial seating systems and wheelchairs, modifications to existing seating and mobility systems for children under 18 years of age.

The service will also provide consultation to community based therapists with respect to a child’s seating and wheelchair needs.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>URGENT</td>
<td>• Pressure/skin integrity or safety concerns</td>
<td>PH 403-955-2914 or FX 403-955-7501</td>
<td>&lt; 2 DAYS</td>
</tr>
<tr>
<td>ROUTINE</td>
<td>• New referrals • Re-referrals for growth • Re-referrals for other changes in physical/functional status</td>
<td></td>
<td>&lt; 3 WEEKS</td>
</tr>
</tbody>
</table>

REFERRAL REQUIREMENTS

PROCESS

Mail, phone, email or fax referral to ACH Seating Services.

Any health-care provider can refer to Seating Services. The clinic also accepts self-referrals from parents whose children have previously received seating systems through the service.

Referrals must include a completed copy of the service referral form (contact service to obtain a copy).

SERVICE TRANSITION

Children transition to adult seating services when they reach 18 years of age and require a new seating and mobility system. Clients over the age of 18 who require modifications to an existing seating system continue to be followed by the service. Children who require repairs or maintenance to mobility systems should contact their medical equipment vendor.

CONTACT INFORMATION

Seating Service, Rehabilitation and Education Clinics, 2888 Shaganappi Trail NW, Calgary, AB., T3B 6A8
**Path to Care Directory**
Specialty Specific Referral Guidelines

**SURGICAL SERVICES**

---

**Hepatopancreaticobiliary (HPB)**

FX 403-476-8798

Dr. Bathe PH 403-521-3179  
Dr. Dixon PH 403-944-3045  
Dr. Sutherland PH 403-944-1233

All referrals involving neoplastic tumors and/or complex benign conditions of the liver, pancreas and biliary system which may require surgical intervention should be made through Central Access & Triage Clinic. Staff will triage referrals in consultation with the surgeon.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EMERGENT</strong></td>
<td>• Complete obstruction</td>
<td>Page HPB surgeon on call</td>
<td>SAME DAY (EMERGENCY)</td>
</tr>
<tr>
<td></td>
<td>• Ascending cholangitis or bleeding from tumor of pancreas, liver, or biliary system</td>
<td>403-944-1110</td>
<td></td>
</tr>
<tr>
<td><strong>URGENT</strong></td>
<td>• Severe acute pancreatitis with necrosis</td>
<td>FX 403-476-8798</td>
<td>&lt; 2 WEEKS</td>
</tr>
<tr>
<td></td>
<td>• Newly diagnosed lesion, tumor or masses (suspicious for cancer) of the liver, pancreas, bile ducts or gallbladder</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Complicated pancreatitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Complicated gallstone disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Any cystic lesions of the liver, pancreas, duodenum, bile ducts</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Any biliary strictures</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Obstructive jaundice</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Liver metastases of any origin that require assessment for ablative treatments or resection</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Traumatic or iatrogenic injuries to the bile duct, liver, or pancreas</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ROUTINE</strong></td>
<td>• Chronic pancreatitis and benign diseases of liver, pancreas, and biliary system</td>
<td>FX 403-476-8798</td>
<td>&lt; 6 WEEKS</td>
</tr>
</tbody>
</table>

**NOTE:** Non-neoplastic conditions of the gallbladder (biliary colic, acute cholecystitis) should NOT be sent to the HPB triage line.

**REFERRAL REQUIREMENTS**

- Relevant co-morbidities
- Relevant symptoms
- Bloodwork (CBC, electrolytes, creatinine, PT, PTT, ALT, Alk Phos, T-Bili, GGT, Lipase)
- Copy of all biopsy results
- Tumor Markers where appropriate- CEA, CA19-9, alpha fetoprotein
- Hepatitis serology where appropriate (hepatoma patients)
- Copy of all endoscopy and other interventional reports
- Copy of all imaging results and for patients not imaged on Calgary PACS system (FMC, PLC, RGH, Sheldon Chumir, South Calgary, High River, Canmore) a copy of MRI and/or CT scan on CD
Calgary Breast Health Clinic

The Calgary Breast Health Program provides excellence in breast health care to individuals with a breast health concern through the Breast Health Clinic, nurse navigation, education classes and psychosocial support services. The team is committed to ensuring that coordinated, timely and integrated breast health services are readily accessible.

Alberta has provincial referral requirements for all breast health referrals.

For provincial referral information click or visit:

[www.ahs.ca/assets/info/hp/arp/if-hp-arp-breast-health-qr.pdf](http://www.ahs.ca/assets/info/hp/arp/if-hp-arp-breast-health-qr.pdf)

This includes all referrals for:

- non-emergency referrals
- findings on diagnostic imaging
- findings on breast exam

Exclusions:

- augmentation / reduction
- breast abscess (related to lactation
- breast feeding

For all emergencies, refer directly to the emergency department

OR

CONTACT RAAPID

South: 1-800-661-1700 or 403-944-4486
Colposcopy Program

The Colposcopy Clinic provides colposcopic exam, diagnosis, and treatment of abnormalities of the cervix, vulva, and vaginal walls. Referral is indicated by abnormal pap test results, or by a visibly abnormal cervix. Health education and support for women with abnormal cytology are also provided.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>URGENT</td>
<td>• PAP smear Squamous Cell Carcinoma</td>
<td>&lt; 1-2 WEEKS</td>
</tr>
<tr>
<td></td>
<td>• PAP Adenocarcinoma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• PAP Other malignant types</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• PAP AGC - favour neoplastic</td>
<td></td>
</tr>
<tr>
<td>SEMI URGENT</td>
<td>• PAP ASC - H Atypical Squamous Cell- cannot exclude HSIL</td>
<td>&lt; 1 MONTH</td>
</tr>
<tr>
<td></td>
<td>• PAP HSIL - High Grade Squamous intraepithelial lesion (CIN 2-3) including &lt; age 21</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• PAP AGC – NOS (not otherwise specified)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• PAP AIS - Adenocarcinoma in Situ</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Abnormal appearing cervix regardless of PAP smear findings</td>
<td></td>
</tr>
<tr>
<td>ROUTINE</td>
<td>• LSIL- ASCUS – 2 PAP smears at least 6 months apart over 2 years (LSIL/ASCUS; ASCUS/ASCUS; LSIL/LSIL)</td>
<td>&lt; 2 MONTHS</td>
</tr>
<tr>
<td></td>
<td>• Lesions, genital warts, post-coital bleeding</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Under Age 21-3 abnormal paps 2 year apart unless high grade;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• For women ≥ 30 years ASCUS and high risk HPV positive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• For women ≥ 50 years LSIL and high risk HPV positive</td>
<td></td>
</tr>
</tbody>
</table>

**PREGNANCY AND ABNORMAL PAP**

• All pregnant patients with High grade PAP results seen regardless of gestational age
• Low grade not seen until 6 months post partum

**REFERRAL REQUIREMENTS**

**RELEVANT CO-MORBIDITIES**

• Previous genital warts
• Infectious disease - sexually transmitted agents
• Any other concurrent medical problems
• Therapeutic abortion, D&C or ablation < 4 weeks

**RELEVANT PHYSICAL / HISTORY**

• Abnormal looking cervix
• Abnormal vaginal bleeding
• Other relevant information

**SPECIFIC TESTS OR INVESTIGATIONS:**

• Histopathology reports for any surgical procedures, biopsy, or cytology including PAP smear
• Any previous colposcopy results from another jurisdiction (out of province, out of country)
• History & physical
• Any relevant DI reports
• All relevant consultation reports
Early Pregnancy Loss Clinic

The Early Pregnancy Loss Clinic provides education, options, and treatment for non-viable pregnancies.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
</table>
| ROUTINE         | • Medical management of fetal demise/missed abortion of 12 weeks or less (gestational age as indicated by ultrasound).  
                  • Decision making around treatment options for the retained products of conception including:  
                    ° Dilatation and curettage (D&C)  
                    ° Medical management (misooprostol)  
                    ° Spontaneous or expectant management | FX 403-944-1111 | < 1–2 WEEKS |

Please include patient’s parity, LMP, age, date of birth, health care number, address, contact numbers, printed name of referring doctor with PRACID #.

REFERRAL REQUIREMENTS

• Pelvic ultrasound confirming fetal demise with ultrasound criteria of:  
  ° Embryo with no cardiac activity: trans vaginal >5mm; abdominal >9mm  
  ° Gestational sac with no embryo and no yolk sac: trans vaginal > 8mm; abdominal >20mm.  
  ° Gestational sac with yolk sac, no embryo: trans vaginal >16mm; abdominal >25 mm  
• Laboratory Results: Patient’s blood type and Rh, Serum Beta HCG, if available.
**Gynecology Clinic(s)**  Ph 403-944-1680

Ambulatory gynecology clinic(s) providing consultation service for assessment, diagnosis and treatment of gynecological issues.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROUTINE</td>
<td>General gynecological assessment, diagnosis and treatment</td>
<td>FX 403-944-5094</td>
<td>VARIABLE (1 - 6 MONTHS)</td>
</tr>
</tbody>
</table>

**REFERRAL REQUIREMENTS**

- Please include all diagnostic imaging and appropriate lab and pathology results.
- Physician referral letter with PRACID # and reason for referral required.

Please indicate preference for first available physician or identify a preferred gynecologist:

- Philippa Brain
- Simrit Brar
- Neville Galan
- John Jarrell
- Stephen Wood.
**High Risk Breast Cancer Clinic**

The HRBCC is a part of the Calgary Breast Health Program providing medical consultation, risk assessment, education, counseling and referral services for those at higher risk for developing breast cancer or ovarian cancer. The HRBCC does not offer yearly surveillance of high risk patients or order genetic testing.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>All referrals are considered routine, but wait time is dependent upon the services required and completion of the telephone interview/history with the RN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax all referrals to 403-944-2250 And include the items below</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-cancerous conditions e.g. Lobular Carcinoma in Situ (LCIS) or Atypical Hyperplasia (ADH, ALH)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include pathology report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-4 WEEKS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mantle radiation &lt; age 30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include oncology report, or provide the name of the treating cancer centre</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical genetics testing in the family has:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Confirmed a mutation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Been non-informative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Been offered but appropriate person to test is not alive or available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include genetics letter or copy of genetic test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(We use <a href="http://www.cancer.gov/bcrisktool">www.cancer.gov/bcrisktool</a>)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 year breast cancer risk of 1.7% or greater (modified Gail) wishing to discuss tamoxifen/raloxifene</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please indicate “Psychosocial referral only” on the referral form</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-14 DAYS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client is aware of her own or a family member’s high-risk status and is having difficulty with decision making, communicating with family, or experiencing anxiety or depression related to risk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety about breast cancer risk, screening tests, or prevention strategies and would like to meet with psychologist only.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-14 DAYS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GENETIC RISK FOR BREAST +/- OVARIAN CANCER</td>
<td>Include medical genetics letter</td>
<td>2 - 4 WEEKS</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-------------------------------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>• Known BRCA gene mutation (or other gene mutation associated with increased breast cancer risk) in self or first degree relative and interested in further discussion regarding screening and prevention strategies.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• High risk for breast or ovarian cancer as already assessed by a Cancer Genetics Clinic (i.e. strong family history but BRCA negative family or genetic testing not desired or no affected family member alive to test) and interested in further discussion regarding screening and prevention strategies. If genetic testing is desired referral should be made to a Cancer Genetic Clinic.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ELEVATED BREAST CANCER RISK DUE TO ANOTHER REASON</th>
<th>Atypical hyperplasia or lobular carcinoma in situ of the breast and is interested in learning about risk reduction hormonal therapies (i.e. Tamoxifen, raloxifene, exemestane.)</th>
<th>2 - 4 WEEKS</th>
</tr>
</thead>
</table>
Obstetrical Clinic(s)  PH 403-944-1680

Ambulatory obstetrical clinic(s) providing consultation service for fetal assessment and antenatal care of pregnant women.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROUTINE</td>
<td>Obstetrics:</td>
<td>FX 403-944-5094</td>
<td>1 - 4 WEEKS</td>
</tr>
<tr>
<td></td>
<td>• General and high-risk obstetrical care consult services (obstetrician)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• High risk obstetrical care consult service provided by obstetrician with subspecialty in maternal fetal medicine.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical disorders in pregnancy (Internal medicine):</td>
<td>FX 403-283-6151</td>
<td>1 - 4 WEEKS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Medical disorders management during pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Will be triaged by internal medicine and appointment scheduled at one of the city hospital clinics</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Preconception assessment (internal medicine)</td>
<td>FX 403-283-6151</td>
<td>1 - 3 MONTHS</td>
</tr>
</tbody>
</table>

**REFERRAL REQUIREMENTS**

- Please include all pathology, diagnostic imaging and appropriate lab results (Alberta Health routine prenatal initial screening for pregnant women).
- Physician or midwife referral letter with PRACID # and reason for referral required.
- Completed prenatal record to date.
Pelvic Floor Clinic
PH 403-944-4000

The Calgary Pelvic Floor Clinic is a specialty clinic that accepts referrals for women with pelvic floor disorders, including pelvic organ prolapse, bladder disorders (including incontinence or retention) and bowel evacuation disorders such as anal incontinence and constipation. A referral is needed to access the clinic.

As this is a tertiary care specialty clinic, patients can expect to be discharged back to the care of the referring practitioner following their treatment here.

**PROCESS**

**MANDATORY INFORMATION REQUIRED FOR TRIAGE**

- Download referral form
  - [www.ahs.ca/frm-19619.pdf](http://www.ahs.ca/frm-19619.pdf)
- Fax referral form to: **403-944-2154**
- Reason for referral (see list below)
- Previous treatments (including medications or surgical interventions for these issues)
- Patients who require the services of an interpreter should have this prominently indicated on the referral

**ADDITIONAL RESOURCES: EDUCATIONAL SESSION**

Online workshop for patients: [www.ahs.ca/services/calgarypelvicfloorclinic.aspx](http://www.ahs.ca/services/calgarypelvicfloorclinic.aspx)

All patients referred to the Pelvic Floor Clinic will be encouraged to view the online classes or attend the in-house education class prior to their first clinic visit. Patients will be provided with this information when contacted by our clinic. We encourage you to direct your patients to view [www.ahs.ca/services/calgarypelvicfloorclinic.aspx](http://www.ahs.ca/services/calgarypelvicfloorclinic.aspx)

### REASON FOR REFERRAL

<table>
<thead>
<tr>
<th>REASON FOR REFERRAL</th>
<th>DESCRIPTION</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete vaginal prolapse (procidentia)</td>
<td>Complete prolapse of vagina (procidentia), causing obstruction of urethra and inability to void</td>
<td>1-2 WEEKS</td>
</tr>
<tr>
<td>Complications from pessary</td>
<td>Sudden bleeding or infection of vaginal tissues as a result of a “forgotten” or impacted pessary</td>
<td>1-2 WEEKS</td>
</tr>
<tr>
<td>Acute urinary retention</td>
<td>Acute urinary retention requiring self-catheterization teaching</td>
<td>1-2 WEEKS</td>
</tr>
<tr>
<td>Severe vaginal prolapse</td>
<td>Severe prolapse of vagina extending 2 cm or more beyond introitus</td>
<td>1-4 WEEKS</td>
</tr>
<tr>
<td>Urethral diverticulum</td>
<td>Including urinary and anal fistulas, and anal sphincter injury</td>
<td>1-4 WEEKS</td>
</tr>
<tr>
<td>Urinary incontinence</td>
<td>All types (stress, urge, mixed, overflow)</td>
<td>2-10 WEEKS</td>
</tr>
<tr>
<td>Overactive bladder</td>
<td>Including bladder dysfunction</td>
<td>2-10 WEEKS</td>
</tr>
<tr>
<td>Bowel evacuation dysfunction</td>
<td>Including anal incontinence or constipation</td>
<td>2-10 WEEKS</td>
</tr>
<tr>
<td>Pelvic organ prolapse</td>
<td>Vaginal bulging or heaviness</td>
<td>2-10 WEEKS</td>
</tr>
</tbody>
</table>
## Pelvic Floor Clinic

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Wait Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pessary fitting</strong></td>
<td>Including care</td>
<td>4-8 WEEKS</td>
</tr>
<tr>
<td><strong>Previous issue-prior surgical interventions</strong></td>
<td>Those having had previous surgical interventions by clinic physicians with ongoing or new issues</td>
<td>4-8 WEEKS</td>
</tr>
<tr>
<td><strong>Urodynamic testing</strong></td>
<td>Referrals for only urodynamic testing accepted from gynecologists and urologists only</td>
<td>4-8 WEEKS</td>
</tr>
<tr>
<td><strong>Exclusions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Direct referrals to pelvic floor physiotherapy not accepted</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Male patients</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pediatric patients</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• General gynecological concerns</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Chronic UIT or interstitial cystitis</td>
<td></td>
</tr>
</tbody>
</table>
Pregnancy and Infant Loss Program provides grief support to parents and other family members who have experienced a pregnancy loss (miscarriage, ectopic pregnancy, still birth, neonatal death or termination) through individual, couple and group counseling.

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>REASON FOR REFERRAL</th>
<th>PROCESS</th>
<th>APPROXIMATE TIME TO BE SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>URGENT</td>
<td>• Patient seen in Early Pregnancy loss clinic.</td>
<td>PH 403-944-2274</td>
<td>Will depend on availability</td>
</tr>
<tr>
<td></td>
<td>• Patient calls secretary in distress.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEMI-URGENT</td>
<td>• Patient calls crying, not sleeping or eating. Concerns heightened if children in the house without any support.</td>
<td>PH 403-944-2274</td>
<td>Will depend on availability</td>
</tr>
<tr>
<td>ROUTINE</td>
<td>• Patient calls the program requesting an appointment with the grief counselor.</td>
<td>PH 403-944-2274</td>
<td>Will depend on availability</td>
</tr>
</tbody>
</table>

**NOTE:** Pregnancy and Infant Loss Program offers counseling as needed for patients and their families requiring further support for their loss.

**Hours:** Monday - Friday 0800-1600 hrs. Closed on Saturdays, Sundays and Statutory holidays. The last available appointment is at 1500 hrs (3:00 pm)