



DAC003

REFERRAL FORM – CHRONIC DISEASES
INTEGRATED PROGRAM – CHRONIC HEALTH DISEASES

Send your request: Centralized Intake

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Programs (clienteles and referral criteria on the back)

<p>Cardio Metabolic Risk <input type="checkbox"/> Prediabetes <input type="checkbox"/> Diabetes <input type="checkbox"/> HBP</p> <p><input type="checkbox"/> Lifestyle modification¹</p> <p><input type="checkbox"/> Diabetes centre¹</p> <p><input type="checkbox"/> Consultation at a HBP specialized clinic</p> <p><input type="checkbox"/> Diabetic retinopathy teledetection with dilation of the pupils and referral to ophthalmologist as needed.^{2,3}</p> <p><input type="checkbox"/> Prevention and foot wound care (evaluation and referral to secondary care to obtain appropriate foot wear or foot orthotic devices).^{2,3}</p>	<p>Fasting plasma glucose, serum creatinine, sodium, potassium Lipid profile: 0 – 12 – 24 – (36) month Urine albumin /creatinine ratio: 0 – 12 – 24 – (36) month</p> <p>If patient with prediabetes or diabetes add: Glycated hemoglobin (A1C): 0 – 3 – 6 – 12 – 18 – 24 – (30 – 36) month 9 and 15 month if necessary</p> <hr/> <p>¹ Diabetic retinopathy teledetection and prevention and foot wound care are included in the program ² Prediabetic client are excluded ³ Client will participate in the lifestyle modification program if required</p>
<p>SERVICES ARE OFFERED AT: CLSC CÔTE-DES-NEIGES, CLSC PARC-EXTENSION AND CLSC BENNY FARM EXCEPT FOR DIABETIC RETINOPATHY TELEDTECTION OFFERED ONLY AT CLSC PARC EXTENSION.</p>	

<p>Cardiovascular Health</p> <p>Coronary artery disease (CAD)</p> <p><input type="checkbox"/> Cardiac rehabilitation and lifestyle modification</p> <p><i>Attach all pertinent documents such as: cardiac history, coronary angiography, ejection fraction rate, surgical and post op summary</i></p>	<p>Fasting plasma glucose, serum creatinine, sodium, potassium Lipid profile, apolipoprotein B: 0 – 12 – 24 month</p> <p>If patient with prediabetes or diabetes add: Glycated hemoglobin (A1C): 0 – 3 – 6 – 12 – 18 – 24 month Urine albumin /creatinine ratio: 0 – 12 – 24 month</p> <p>Possibility of medication adjustment (insuline) during rehabilitation & blood test (FSC) if bypass < 6 months prior</p>
<p>SERVICES ARE OFFERED AT: CATHERINE BOOTH THEN FOLLOW UP : CLSC CÔTE-DES-NEIGES, CLSC PARC-EXTENSION, CLSC BENNY FARM</p>	

<p>Chronic Obstructive Pulmonary Disease (COPD)</p> <p><input type="checkbox"/> Lifestyle modification program (post-bronchodilator FEV₁ / FVC of less than 0,7 and FEV₁ of greater than or equal to 50% predicted)</p> <p><input type="checkbox"/> Spirometry pre and post administration of salbutamol (200 µg) to do</p> <p><input type="checkbox"/> Spirometry done (attach result)</p> <p><input type="checkbox"/> Consultation in pneumology</p>	<p>Spirometry and carbon monoxide (CO) breath test: 0 – 12 – 24 – (36) month</p> <hr/> <p><i>Client will participate in the lifestyle modification program if required</i></p>
<p>SERVICES ARE OFFERED AT: CLSC CÔTE-DES-NEIGES, CLSC PARC-EXTENSION AND CLSC BENNY FARM</p>	

<p>Chronic Pain <input type="checkbox"/> Low back pain</p> <p><input type="checkbox"/> First episode <input type="checkbox"/> Recurrent episode or relapse</p>	
<p>SERVICES ARE OFFERED AT: CATHERINE BOOTH</p>	

DETAILS	
ATTACH LIST OF MEDICATION AND RELEVANT LABORATORY RESULTS TO THIS FORM	
Signature	
Name of physician (capital letters)	
Licence #	Date
Address	
Telephone	Fax

PATIENT CONSENT
(To be signed at the physician's office or on the first visit at the CSSS Teaching Center or Day Center)
I authorize the transmission of information required for the follow up of my condition and I commit to attending the program (individual/group) offered at the CIUSSS Centre-Ouest.
Signature of patient
Date

Programs (clienteles and referral criteria)

<p>Prediabetes/Diabetes HBP</p> <p>Cardio metabolic risk: Lifestyle modification program in primary care</p>	
<p>MEDICAL FOLLOW UP BY FAMILY PHYSICIAN ONLY</p>	
<p>Individual with:</p> <ul style="list-style-type: none"> • Prediabetes • Diabetes managed with diet only • Diabetes managed with at least one medication (with or without insulin) and A1C \leq0.08 (8%)* <p>* If A1C > 0.08 referral based on clinical judgment of the physician</p>	<p>Individual with:</p> <ul style="list-style-type: none"> • BP managed and controlled • BP at the physician's office \geq 140/90 <ul style="list-style-type: none"> – If patient with diabetes BP \geq 130/80
<p>Diabetes</p> <p>Diabetes Centre</p>	<p>HBP</p> <p>Evaluation at a specialised clinic</p>
<p>EVALUATION BY MEDICAL SPECIALIST + MEDICAL FOLLOW UP BY FAMILY PHYSICIAN ONLY</p>	
<p>Individual with type 1 diabetes</p> <p>Individual with type 2 diabetes</p> <ul style="list-style-type: none"> • With unstable diabetes or not reaching optimal target values for the management of diabetes • Requiring modification and new evaluation of treatment (oral medication, insulin therapy, diet, physical activity) 	<ul style="list-style-type: none"> • HBP not controlled when treated with at least 3 antihypertensive medications at optimal doses • HBP not controlled in a patient with CAD • Unexplained hypokaliemia • Deterioration of renal function • Abdominal murmur or stenosis of renal artery • Proteinuria • Adverse reactions to medication
<p>Cardiovascular Health</p> <ul style="list-style-type: none"> • Stable clinical angina • Post-acute coronary syndrome/myocardial infarction • Coronary disease confirmed by stress EKG (+), MIBI Persantine scan or stress test (+), stress echocardiography (+) or coronarography (+) with damages > 50% • Post-coronary angioplasty • Post-coronary revascularization surgery 	
<p>Chronic Obstructive Pulmonary Disease (COPD)</p> <p>Individual with diagnosis of COPD confirmed by spirometry and FEV₁ greater than or equal to 50% predicted</p> <p>EXCLUSION CRITERIA</p> <ul style="list-style-type: none"> • Individual with severity criteria (FEV₁ less than 50% predicted or grade 5/5 on the MRC dispnea scale) • Individual with instability of COPD 	<p>EVALUATION IN PNEUMOLOGY</p> <ul style="list-style-type: none"> • Symptoms are disproportionate to level of airflow obstruction • Accelerate decline of pulmonary function • Failure to respond to therapy • Severe or recurrent acute exacerbations of COPD • Necessity of evaluation regarding oxygen therapy • Necessity of evaluation regarding pulmonary rehabilitation
<p>Chronic Pain: Low back pain</p> <ul style="list-style-type: none"> • 18-75 year-old individual suffering from nonspecific low back pain for a period less than 1 year • Individual not responding to conventional treatment • EXCLUSION CRITERIA: cases covered by CSST or SAAQ 	

