

**Acute Internal Medicine Assessment Clinic-SCS
AIM CLINIC (previously GIMRAC) Referral Form**

Affix Patient Label

Reason for Referral:

Source of referral:

ER Inpatient Outpatient

Extra contact information and instructions (not on face sheet)

Urgency:

1-2d 3-6d 1-2wk

- Autoimmune disease/inflammatory arthritis/polyarthritis/gout
- Cellulitis
- COPD (new diagnosis/exacerbation)

- Diabetes (New onset)
- Electrolyte abnormalities
- Liver disease (cirrhosis/hepatitis/jaundice)
- Heart failure

- Hypertension
- Pneumonia
- Syncope
- Undifferentiated Malignancy
- Other_____

Provide brief history of the case (Including PMH, relevant tests, Medications..etc)

Any pending tests (that need to take place before the GIMRAC appointments)

Referring MD & Signature _____

Billing #: _____ **Date:** _____

Instructions to be completed before patient discharge:

- Inform patient of referral and review information sheet
- Encourage follow-up with family doctor (Check if not possible)
- Consider if patient is more suitable for CRAC/LDAP etc

Faxing Instructions:

- Please fax to 905-688-8288**
- Include face/demographics sheet
- Include all out of hospital results

Thank you for your referral. GIMRAC Feedback below

GIMRAC MD Name: _____			Fax back to Referring MD: _____		
Referral Appropriateness:	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> neither agree or disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
Urgency Appropriateness:	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> neither agree or disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
Other comments/Feedback: _____					

Place sticker here

Acute Internal Medicine (AIM) Clinic

PATIENT INFORMATION SHEET

Your appointment is on:

DATE _____ **TIME** _____

The Emergency Department has referred you to the Acute Internal Medicine (AIM) clinic where you will be seen by an Internal Medicine Specialist (specialist in medical diseases of adults). If you do not hear from the scheduling office please call 905-378-4647 extension 45730.

The AIM Clinic is situated at the 4th floor of the St. Catharines Site on 1200 Fourth Avenue. Take the front elevators to the 4th floor. When you arrive for your appointment you will register at the Admitting/Registration area (on the 4th floor). Please bring all of your medications.

If before your appointment you think you are getting worse, please return to the Emergency Department for reassessment. Make sure you have discussed this and any other questions you have with the ER doctor or Nurse before you leave the ED.

After the consultation in the clinic, the Internal Medicine Specialist may want to schedule you to have other testing, for example, blood work or imaging. If other testing is required, you will be notified by the scheduling office.

Your family doctor is the best way to access medical care and acts as the central person in your overall healthcare. If you do not have a family doctor, we strongly advise you to get one. You can find help at www.niagaradocs.ca or by calling Healthcare Connect Ontario at 1-800-445-1822. The city of St Catharines provides similar information on their website www.stcatharines.ca or by calling 905.359.6043.

Thank You

PLEASE GIVE TO THE PATIENT BEFORE DISCHARGE FROM ED