



COMPLEX CHRONIC DISEASE MANAGEMENT CLINIC
REFERRAL FORM

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Peter Lougheed Centre Phone: (403) 943-4132 Fax: (403) 943-4133

Referral Criteria:

- 1) 2 or more chronic disease conditions **AND**
- 2) at least 1 hospital admission and/or ED visit at the Peter Lougheed Centre within the last year

Thank you for referring this patient to the Complex Chronic Disease Management Clinic (CCDMC) at the Peter Lougheed Centre (PLC). We are currently **only** accepting physician referrals from the PLC In-Patient Units and PLC Emergency Department. We welcome in-patient referrals as soon as patients are identified. The CCDMC Nurse Clinicians will commence education, counseling and coordination of formal follow-up in the out-patient clinic prior to the patient's discharge from hospital. Members of the CCDMC team (i.e. MD, Nurse Clinician, Pharmacist, SW, and RD) at the outpatient appointments will see patients and frequency of visits will depend on the needs of the patient. All information will be shared with the patient's family physician and other care providers. Unattached patients will be assisted by clinic staff in finding a family physician during their participation with the CCDMC.

Please provide the following information:

Today's date: _____ **PLC Location:** ED PCU _____

2 or More Chronic Disease Conditions (check all that apply):

- COPD Dyslipidemia CHF HTN Diabetes – Type _____
- Other (specify) _____

Referring Physician: _____
(Signature) (Please print last name)

Patient's Family Physician: _____

Requested Appointment Time Post Discharge (as specified by Referring MD):

- Urgent- referring MD to call 34131 2 weeks 3 weeks 1 month > 1 month

For Office Use only

Date received	Approved	Appointment	Info Package/Letter Given
			<input type="checkbox"/> in person _____ <input type="checkbox"/> mailed _____

PLEASE FAX COMPLETED REFERRAL TO 403 943-4133