



OUTPATIENT ANTIMICROBIAL THERAPY (OPAT) CLINIC REFERRAL FORM

Clinic Site

Royal Jubilee Hospital
 Nanaimo Regional General Hospital

* CLINIC INCLUSION CRITERIA MUST BE MET - SEE REVERSE

Referral Date: _____
 Referral Source: Emergency Room Department: _____ RJH _____ VGH _____ NRGH _____ SPH
 Acute Care: _____ RJH _____ VGH _____ NRGH _____ SPH
 Unit: _____
 Referring Physician: *(please print)* _____ (Physician MSP Billing Number) _____

Provisional Diagnosis: _____

cellulitis, uncomplicated
 cellulitis complicated
 respiratory
 urinary tract

bone / joint
 odontogenic
 wound infection postoperative

diabetic foot infection
 bursitis
 other: _____

Other relevant history and physical findings: _____

Required Precautions:

ARO Screening Questionnaire completed?
 Infection Control precautions apply?
 ARO Status: _____

Antibiotics administered in the ER / ward: PO and IV
 Drug(s): _____ Date given: _____ Time given: _____

NOTE: THIS IS NOT A PHYSICIAN ORDER

Patient Instruction: Appointment Time: 07:30 AM Allow 2-3 hrs at the hospital, for 1st visit.
 bring a list of current medications
 Location: RJH - Internal Medicine Clinics, Royal Block One, Phone: 250-370-8220 Fax: 250-370-8638
 NRGH - Medical Daycare Unit - Phone: 250-755-7691 local 3599

