NRGH Urgent Medical Assessment Clinic (UMAC) Referral Form

Talanhana	250-755-7691	ov+ E2061	Eav. 250.	740-6056
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Referring Physician (and MSP): _

Date and time of referral:	
Date and time of referral.	

Addressograph

The	purpose o	of this general	medicine cli	inic is to	improve tim	nely access	to internal	medicin
and	prevent a	dmission/re-a	dmission to	hospital.	Appointmen	nts are for	patients wh	o are N

ıe OT attached to a community internist and need to be reviewed in person within 1-2 weeks of referral. Please note that NRGH UMAC does not have the capacity to provide primary care.

Reason for Referral		

Patients must meet at least one of the following criteria:

- ☐ Chest pain / equivalent, not meeting criteria for referral to the RCAC for treadmill testing
- ☐ Atrial fibrillation and arrhythmias
- □ Frequent ectopies
- ☐ Severe hypertension, stabilized
- ☐ Heart failure
- □ New severe valvular heart disease
- ☐ Syncope / presyncope
- □ COPD / Asthma exacerbation
- ☐ Diabetes suboptimal control

- □ Anemia undifferentiated
- Coagulopathy
- □ Venous thromboembolism
- □ Pericarditis, mvocarditis
- ☐ Liver disease / abnormal liver enzymes
- ☐ Endocrine / electrolyte problems (thyroid, adrenal, Na, Ca, etc.)
- □ Undifferentiated autoimmune condition
- □ Post-discharge review of complex patients (with approval from internal

medicine)

Does a Holter monitor need to be ordered?

□ No

☐ Yes, Please let the UMAC booking clerk book this appointment when they receive the referral

Please fax the completed referral to NRGH UMAC f: 250-740-6956.

Patients will be contacted by the UMAC Unit Clerk with appointment date and times.

At this time, we are only accepting referrals from the NRGH ER Care unless the case has been discussed with / approved by internal medicine. If you believe your patient would benefit from review at UMAC but does not meet the criteria specified above, please discuss the case with the on-call internist.

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Telephone: 250-755-7691 ext. 53061 Fax: 250-740-6956