

# Urgent Medical Assessment Clinic (UMAC) – VGH Intake Form



## Instructions:

Fax this form and any other relevant data to the VGH UMAC Clinic.

Date of Referral (DD/MMM/YYYY): \_\_\_\_\_

Patient First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

MRN (or PHN): \_\_\_\_\_

Evening Telephone: \_\_\_\_\_

MSP: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

**Victoria General Hospital** 250-727-4212 (x15107)

<input type="checkbox"/> <b>First Available</b>	
<input type="checkbox"/> Dr. Shavaun Macdonald	<input type="checkbox"/> Dr. Jesse Pewarchuk
<input type="checkbox"/> Dr. Danny Myers	<input type="checkbox"/> Dr. Vanja Petrovic
<input type="checkbox"/> Dr. Douglas Skinnider	<input type="checkbox"/> Dr. Zdravko Trutsov

**Fax: 250-727-4083**

**Reason for Referral:**     **Urgent**     **Non Urgent**

<input type="checkbox"/> Cardiac history with impact on daily living	<input type="checkbox"/> Brief history (please describe):
<input type="checkbox"/> Anti-coagulant therapy	_____
<input type="checkbox"/> Moderate to severe respiratory disease	_____
<input type="checkbox"/> Diagnosed or suspected obstructive sleep apnea w/ other co-morbidities	_____
<input type="checkbox"/> Poorly controlled diabetes	_____
<input type="checkbox"/> Morbid obesity (BMI greater than 35) in conjunction with other identified triggers	_____
<input type="checkbox"/> Severe liver disease	_____
<input type="checkbox"/> Severe renal disease	_____
<input type="checkbox"/> Follow-up from hospital admission	_____
<input type="checkbox"/> Other: _____	_____

**Medications (PharmaNet):**

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**UMAC CLINIC ONLY**

<b>Triage Code (UMAC Physician Only)</b>	<input type="checkbox"/> <b>w/ Treadmill</b>	<b>Appointment Date/Time</b>
<input type="checkbox"/> <b>Resident Appropriate</b>		<b>(MM/DD/YYYY)</b>

\*Revised: November 30, 2016, Jo-Lee Bertrand