



# 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

