



# Middlesex Hospital Alliance

- Strathroy Middlesex General Hospital
- Four Counties Health Services

## REQUEST FOR CONSULTATION AND REPORT

|              |      |       |     |
|--------------|------|-------|-----|
| DATE ORDERED |      |       |     |
|              | Year | Month | Day |

TO: \_\_\_\_\_ FROM: \_\_\_\_\_  
Consulting Health Professional                                  Referring Health Professional

DATE/TIME NOTIFIED: \_\_\_\_\_ NOTIFIED BY: \_\_\_\_\_

- REQUEST FOR:     CONSULT ONLY
- CONSULT AND FOLLOW                                   CONSULT AND TRANSFER YOUR CARE

PRIORITY:     IMMEDIATE                                   WITHIN \_\_\_\_\_ DAYS                                   ELECTIVE

DIAGNOSIS/PRESENT CONDITION: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CONSULTANT'S REPORT:                                  DATE:

|      |       |     |
|------|-------|-----|
|      |       |     |
| Year | Month | Day |

TIME: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CONSULTATION DICTATED

\_\_\_\_\_  
 PRINT NAME OF CONSULTING HEALTH PROFESSIONAL

\_\_\_\_\_  
 SIGNATURE OF CONSULTING HEALTH PROFESSIONAL

PAGE NO \_\_\_\_\_ OF \_\_\_\_\_