

Guidelines for administrative personnel working for family physicians

CRDS

The Centre de répartition des demandes de services (CRDS) was created to give patients improved access to specialized services while assisting family physicians with specialized service referrals.

We need your cooperation to make sure the needs of family physicians and patients are met.

Procedure

As soon as possible, send all duly completed consultation requests to the Montreal CRDS by fax : 514 732-5121

The Montreal CRDS will send the family physician confirmation that the consultation request has been received.

Then the CRDS will send the date and location of the appointment, as well as the medical specialist's name.

DO NOT ADD A COVER PAGE TO FAXED CONSULTATION REQUESTS

Consultation request (exemple)

Santé
et Services sociaux
Québec

DT9289

OPHTHALMOLOGY CONSULTATION

Note: Refer to the clinical alerts on the back of the form and favor, if available, the protocols of the Accueil Clinique before filling it out.

Reason for consultation	Clinical priority scale:	A: ≤ 3 days	B: ≤ 10 days	C: ≤ 28 days	D: ≤ 3 months	E: ≤ 12 months
<input type="checkbox"/> Red, sore eye: keratitis, uveitis	A					E
<input type="checkbox"/> Floaters in the vitreous with recent acute onset flashes (less than 7 days ago)	A					D
<input type="checkbox"/> Residual corneal siderosis (Prescribe antibiotic ointment QID)	A					C
<input type="checkbox"/> Corneal foreign body that cannot be removed (Prescribe antibiotic ointment QID)	A					E
<input type="checkbox"/> Refractory conjunctivitis being treated for over 2 weeks	B					E
<input type="checkbox"/> Herpes Zoster Ophthalmicus with ocular involvement and red eye and/or decreased vision (Prescribe: start antiviral treatment and attach visual acuity results)	B					D E
<input type="checkbox"/> Recent constant isolated diplopia without other neurological signs	B					B
<input type="checkbox"/> Recent unilateral ptosis for less than a month	B					D E
<input type="checkbox"/> Recent unilateral loss of vision for less than a month (excluding refractive errors) (Prescribe: attach visual acuity results)	C					D
<input type="checkbox"/> Documented diabetic retinopathy (Prescribe: attach the optometrist's report)						E
<input type="checkbox"/> Patient known to have glaucoma (Prescribe: attach eye pressure results and medication)						D
<input type="checkbox"/> Documented macular degeneration (Prescribe: attach visual acuity results)						C
<input type="checkbox"/> With loss of acuity > 3 months						E
<input type="checkbox"/> Documented and symptomatic cataract						E
Palpebral lesions						D E
<input type="checkbox"/> Malignant appearance						D
<input type="checkbox"/> Benign appearance						E
<input type="checkbox"/> Acute chalazion						E
<input type="checkbox"/> Child with white pupillary reflex (leukocoria)						B
Strabismus in a child 8 months to 6 years old						D E
<input type="checkbox"/> Acute, constant deviation						D
<input type="checkbox"/> Intermittent deviation						E
<input type="checkbox"/> Persistent dacryostenosis in child over 12 months old						D

Other (use this section to modify a priority or for any other consultation and justify it):

Relevant clinical information (Attach medication list, optometrist's report)

Special needs:

Referring physician identification and point of service

Referring physician's name: _____ Licence no. _____
 Area code Phone no. _____ Extension Area code Fax no. _____
 Name of point of service: _____

Signature _____ Date (year, month, day) _____

Family physician: Same as referring physician Patient with no family physician

Registered referral (if required): Yes and send a request for a particular profession or point of service

Family physician's name: _____
 Name of point of service: _____ Name of attending ophthalmologist, if known: _____

AN 1614 DT9289 (2014-08) OPHTHALMOLOGY CONSULTATION PATIENT FILE

If you have any questions, contact the Montreal CRDS
 Telephone : 514 762-CRDS (2737)
 Email : crdsmontreal.ccsmtl@ssss.gouv.qc.ca
 Fax : 514 732-5121

The Centre de répartition des demandes de services (CRDS) was created to give patients improved access to specialized services while assisting family physicians with specialized service referrals.

The CRDS schedules appointments for patients :

Clinics :

The CRDS will contact you by telephone or fax.

Public institutions (external clinics) :

The CRDS will enter the medical specialist appointment information directly into the software. The appointment will be scheduled in a time slot reserved for CRDS referrals.

The CRDS will inform the patient of the time, date and location of the appointment, as well as the medical specialist's contact information.

What to do if :

1. The patient misses the scheduled appointment?

Contact the patient and reschedule during one of the time periods reserved for CRDS referrals. To the extent possible, try to reschedule for a day that falls within the predetermined time frame for the patient's clinical condition. If there is no available appointment, send the request back to the CRDS.

2. The patient would like to cancel the appointment?

Follow the procedure in effect at your clinic or appointment centre.

3. The patient would like to reschedule the appointment?

Reschedule during one of the time periods reserved for CRDS referrals. To the extent possible, try to reschedule for a day that falls within the predetermined time frame for the patient's clinical condition. If no appointment is available, send the request back to the CRDS.

4. If the clinic or institution would like to reschedule or cancel the appointment?

Contact the patient and reschedule for a day that falls within the predetermined time frame for the patient's clinical condition. Inform the CRDS of the new appointment time and date. If no appointment is available, send the request back to the CRDS.

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