



Referral-Consultation Process

July 1, 2008

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[Access to Medical Care Without Discrimination; Photographic, Video and Audio Recording of Patients; Primary Care Provision in Walk-in, Urgent Care and Multi-registrant Clinics](#)

A _____ reflects a recommended course of action established based on the values, principles and duties of the medical profession. Physicians and surgeons may exercise reasonable discretion in their decision-making based on the guidance provided.

This document is a professional guideline of the Board of the College of Physicians and Surgeons of British Columbia.

The College recognizes that there is a high degree of variability across the province in how referring physicians and consulting physicians engage in the referral-consultation process, including how a referral is first initiated and how information is subsequently transferred between registrants.

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It is an expectation of the College that the patient is completely aware of how they will be notified of the appointment. There is a shared obligation between the referring registrant and the consulting registrant to ensure that patient is aware of their appointment details.

Should the patient have any medical concerns or a change in medical status while waiting for their appointment with the consulting physician, it is the referring registrant's responsibility to provide care, and to inform the patient that they remain the most responsible provider during this time.

Prior to requesting a referral, referring registrants should ensure that their patient is fully aware of the purpose of the referral, and that the patient provides their consent to the referral. The patient should also be offered the opportunity to ask questions about the referral.

The referring registrant should make a timely, written request for consultation that includes the following information:

- patient's personal health number, preferred and current contact details (If patient has consented to email communication with the referring physician, inform the consulting physician of that consent.)
- name of and contact information (address, phone, fax) for the clinic, facility or other practice setting where the referring registrant has seen the patient (where applicable)
- date of referral
- specific purpose of the referral
- relevant clinical information (e.g. current medications, allergies, health history, physical examination) and social information (e.g. language barriers, gender identity)
- level of urgency of the referral
- expectations about the consultation outcome (e.g. medical opinion only, treatment, transfer of care, other)

1. Canadian Medical Association Policy: Streamlining Patient Flow from Primary to Specialty Care: A Critical Requirement for Improved
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