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*** Vancouver Medical Association • Emergency Department Triage Form ***			
Hospital	Triage Desk / Charge RN Phone #	ED / ER Fax #	Doctors' Line Phone #
[] Burnaby General Hospital	604-412-6500	604-412-6173	604-412-6500
[] Delta Hospital	604-783-3526	604-946-6220	604-783-3526
[] Eagle Ridge Hospital	604-469-5191	604-469-3182	604-469-5191
[] Peace Arch Hospital	604-541-7133	604-535-4536	604-541-7133
[] Royal Columbian Hospital	604-520-4000	604-520-4722	604-520-4000
[] Surrey Memorial Hospital	604-588-3369	604-587-3944	604-588-3369

<p>Sending Clinic / Office and Physician</p> <hr/> <p>Clinic or Group Name (if applicable)</p> <hr/> <p>Sending MD Name (print) MSC #</p> <hr/> <p>Clinic / office phone (back or direct line)</p> <hr/> <p>Fax (include area code)</p> <hr/> <p>SMS / phone me the outcome at this #</p>	<p>Patient</p> <hr/> <p>Name</p> <hr/> <p>DOB dd mmm yyyy PHN</p> <p>[] see attached notes and reports</p> <p>We can next see at our clinic or office, as follows:</p> <p>by myself <u>Mo</u> <u>Tu</u> <u>We</u> <u>Th</u> <u>F</u> <u>Sa</u> <u>Su</u> am am am am am am am pm pm pm pm pm pm pm</p> <p>by another <u>Mo</u> <u>Tu</u> <u>We</u> <u>Th</u> <u>F</u> <u>Sa</u> <u>Su</u> am am am am am am am pm pm pm pm pm pm pm</p> <p>Followup needs: [] _____ (discharging EP / [] _____ Service to fill in) [] _____</p>
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Disposition report to Sending Physician or Clinic

• if discharging, please fill in followup needs (above right) •

<p>Emergency Department Physician</p> <p>[] referred patient to service(s) →</p> <p>[] discharged by EP</p> <p>EP name: _____</p> <p>____ fax to Sending Physician or Clinic</p>	<p>Consulting service MRP Consultant name</p> <p>_____</p> <p>_____</p> <p>[] admitted patient [] discharged patient</p> <p>____ fax to Sending Physician or Clinic</p>
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