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*** Vancouver Medical Association • Emergency Department Triage Form ***			
Hospital	Triage Desk / Charge RN Phone #	ED / ER Fax #	Doctors' Line Phone #
<input type="checkbox"/> BC Children's Hospital	604-875-2345 → 7250	604-875-2946	604-875-2345 → 7250
<input type="checkbox"/> Lion's Gate Hospital	604-984-5982	604-984-5841	604-984-5982
<input type="checkbox"/> Mount St. Joseph's	604-877-8103	604-877-8103	604-877-8351
<input type="checkbox"/> Richmond General Hospital	604-244-5585	604-244-5194	604-244-5585
<input type="checkbox"/> St. Paul's Hospital	604-682-2344 → 62834	604-806-8424	604-806-8686
<input type="checkbox"/> Vancouver General Hospital	604-875-4995	604-875-5848	604-875-4995

<p><b>Sending Clinic / Office and Physician</b></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><b>Patient</b></p> <hr/> <p>Name</p> <hr/> <p>DOB dd mmm yyyy      PHN</p> <p><input type="checkbox"/> 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:    <input type="checkbox"/> _____          (discharging EP /    <input type="checkbox"/> _____          Service to fill in)   <input type="checkbox"/> _____</p>
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Disposition report to Sending Physician or Clinic

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

<p><b>Emergency Department Physician</b></p> <p><input type="checkbox"/> referred patient to service(s) →</p> <p><input type="checkbox"/> discharged by EP</p> <p>EP name: _____</p> <p>____ fax to Sending Physician or Clinic</p>	<p><b>Consulting service    MRP Consultant name</b></p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> admitted patient    <input type="checkbox"/> discharged patient</p> <p>____ fax to Sending Physician or Clinic</p>
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