



Notre Dame Hospital

Telemedicine Department

Phone: 705-372-2970

Fax to: 705-372-2974

TELEDERM REFERRAL FORM

PLEASE PRINT CLEARLY OR AFFIX LABEL WITH COMPLETE INFORMATION

Urgency of Referral:

- 1-2 weeks
- Within 1 month

Patient name (last, First): _____

Address: _____

Telephone No.: _____

DOB (DD/MM/YYYY): _____

Sex: F M

Health Card No.: _____ VC: _____

Referring Physician: (print) _____

Signature: _____

Date: _____

Referral Note:

Chief Complaint:

Clinical History Relevant to Chief complaint (Enter questions, comments, thoughts or other relevant information. Be as detailed as possible.):

History of Present Illness:

Symptoms:

- Bleeding
- Burning
- Fever
- Itching
- Pain
- Sleeplessness
- Tenderness
- Other (Specify)

Chronicity:

- Constant
- Intermittent
- Other (Specify)

Specify Lesion to be photographed:

Location/Distribution of Lesion (Select all that apply):

- Dermatomal
- Extremities
- Face
- Feet Left Right
- Genital
- Hands Left Right
- Injection or Trauma site
- Localized
- Lymphangitic
- Palms
- Scalp
- Scattered
- Soles
- Sun-Exposed areas
- Torso
- Other (Specify)

Primary Lesion Description

- Erosion or Ulcer
- Erythematous Macules and Patches
- Eschar
- Hyper or Hypo Pigmentation
- Lesion: Size: _____
- Nodules, Cysts or Tumors
- Non-blanching Purpura/Petechiae
- Pigmented Lesion
- Scaly Papules
- Scaly Plaques
- Smooth Papules
- Smooth Plaques
- Unknown

Relieving Factors:



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Exacerbating Factors:

Recent Environmental exposure:

- No
- Yes. Explain

Recent Travel

- No
- Yes. (Location & Date)

Treatment /Medication tried for this condition

Response to treatment

- Improved Worsened No Change

Previous Medical Condition

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Acne/Rosacea | <input type="checkbox"/> Hay Fever/Rhinitis/Asthma | <input type="checkbox"/> Psoriasis |
| <input type="checkbox"/> Autoimmune disorder | <input type="checkbox"/> Hyperhidrosis | <input type="checkbox"/> Skin Cancer |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Previous Skin Surgery | |

Allergies (medication and/or Environmental):

Current Occupation:

Current Medications (please attach list):

Please Fax completed form to: 705-372-2974 or call to arrange appointment at: 705-372-2970.