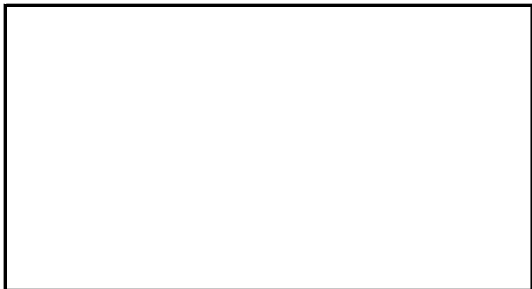


MIPPC



Minimally Invasive Palliative Procedures Conference Referral Form

| | | | | |
|-------------------------------|--|------|-----------|-------|
| Referral Date | Referrer | Role | Pager | Local |
| Cancer Diagnosis | INR | Date | Platelets | Date |
| Imaging To Be Reviewed | | | | |
| X-Ray Date _____ | Facility VGH, BCCA, Other _____ | | | |
| CT Date _____ | Facility VGH, BCCA, Other _____ | | | |
| MRI Date _____ | Facility VGH, BCCA, Other _____ | | | |

REFERRAL INFORMATION **Please write & draw clearly**

Please describe the patient's pain _____

| | |
|--|---|
| <p>Please note the location of the patient's pain</p> | <p>Pain Assessment (PQRST)</p> <p>Quality _____</p> <p>Relieving/exacerbating factors _____</p> <p>_____</p> <p>Severity (minimum, maximum, average) _____</p> <p>_____</p> <p>Timing _____</p> <p>_____</p> <p>Current analgesics _____</p> <p>_____</p> |
|--|---|

DNR Yes No Patient Aware of Referral Yes No Patient admitted to to BCCA or another facility Yes No

If YES, which facility _____

Booking Instructions

BOOK (VCC) patient to resource 'MIPPC' on the next conference date (unless another date is requested) & note the referrer's name.

FAX referral form to 604-877-6221 & leave original on chart marked as 'faxed'.

PHONE 604-877-6000, ext 672707 with any questions.

Referral Process & Referrer Responsibilities

The patient's imaging will be reviewed at the next available multidisciplinary MIPPC Conference, held the **1st & 3rd Tuesday of every month, 8-9am**.

The referring physician or NP is asked to attend the conference to present their patient's case; an email notice is sent the week prior to each conference noting the video-linked centre & room locations. If a room is not booked at your centre or you are referring from outside of the BCCA please **book a video-linked room at your facility & contact the program secretary** at the above noted number to notify of the facility name & room name/number.

If a procedure is recommended for your patient, please **write an order & complete a diagnostic imaging requisition with procedure type & site (ie L₅ vertebroplasty) & submit to your support staff for processing**. VCC attendees will have these forms addressographed & ready for your completion, at the conference.

INTERNAL STAFF can find these instructions in greater detail on the h drive at H:\EVERYONE\PSMPC\MIPPC Minimally Invasive Palliative Procedures Conference (POST-MIPPC INSTRUCTIONS for Referrers and Their Support Staff). **EXTERNAL STAFF** can call to request these instructions by fax or email.