

**Specialty:** ☐ Gastroenterology ☐ Respiriology ☐ Neurology ☐ Rheumatology ☐ Endocrinology ☐ Hepatology  
☐ Pediatrician ☐ Chronic Pain ☐ Vascular Surgery ☐ Nephrology ☐ Psychiatry ☐ Podiatric Surgery ☐ CHF  
☐ Palliative Care ☐ Sport Medicine ☐ Urology ☐ Anesthesiology ☐ Spinal Surgery ☐ Obstetrics & Gynecology  
☐ Obstetric Internal Medicine ☐ Refugee Health ☐ General Cardiology ☐ EP ☐ Otolaryngology ☐ Plastic Surgery  
☐ Infectious Disease ☐ Orthopaedic Surgery ☐ Child & Adolescent Psychiatry

**Specialist Name:** \_\_\_\_\_ **Call Date:** \_\_\_\_\_

**Data collection form to be completed by specialist:**

Caller is ☐ GP ☐ Specialist, which Area: \_\_\_\_\_ Duration of call (min): \_\_\_\_\_ Patient's Age: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Theme of Call: \_\_\_\_\_

**Reasons for call from physician: (check all that apply)**

- ☐ Routine  
☐ Advice on diagnostic testing  
☐ Advice on management  
☐ Advice on therapeutics  
☐ Advice on Primary Care Pathway(s)  
☐ Referral status at central triage  
☐ Urgent  
☐ Emergency  
☐ Other: *Please specify:* \_\_\_\_\_

**Specialist Recommendation: (check all that apply)**

- ☐ Reassurance of physician's care plan  
☐ Medication recommendation  
☐ Advice on primary care pathway(s)  
☐ Additional diagnostic testing  
☐ Advice provided: \_\_\_\_\_  
☐ Specialist follow-up required and referred  
☐ Referred to ER  
☐ More info needed

**IN YOUR OPINION,**

**Did the phone conversation AVOID:**

1) A consult: ☐ Yes ☐ No ☐ N/A

2) An ER visit: ☐ Yes ☐ No ☐ N/A

3) Diagnostic Test(s): ☐ Yes ☐ No ☐ N/A

If **Yes**, ☐ MRI ☐ X-ray ☐ ECG ☐ CT ☐ Barium ☐ HBT ☐ PFT ☐ DEXA ☐ other(s): \_\_\_\_\_

4) Lab Test(s): ☐ Yes ☐ No ☐ N/A

If **Yes**, which one(s): \_\_\_\_\_

**Was this an appropriate use of Specialist LINK?**

☐ Yes ☐ No If no, why not? \_\_\_\_\_

**The experience in providing Advice was:**

- ☐ Positive, comments: \_\_\_\_\_  
☐ Negative, comments: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

**Did the call support any of the following: (check all that apply)**

☐ Enhanced patient care ☐ Mutual collegial support ☐ Advice/Education ☐ Other: \_\_\_\_\_

**Please complete online:** <http://m.sgizmoca.com/s3/Tele-Advice-Specialist-Survey>

**Fax or E-mail this form to:** 403.284.9518 or [SpecialistLink@cfpcn.ca](mailto:SpecialistLink@cfpcn.ca)

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