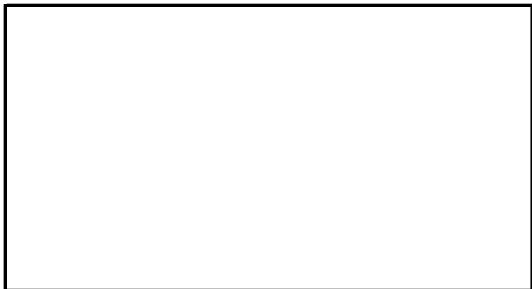


MIPPC



Minimally Invasive Palliative Procedures Conference Referral Form

Referral Date	Referrer	Role	Pager/Cell	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 Process & Referrer Responsibilities

The patient's imaging will be reviewed at the next available multidisciplinary MIPP 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.

If a procedure is recommended for your patient, please **write an order & complete a diagnostic imaging requisition with procedure type & site (e.g L₅ vertebroplasty) & submit to your support staff for processing.**

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>
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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 **604-877-6013** & leave original on chart marked as 'faxed'.

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.