



Place Patient Form Label Here

POST-COVID RECOVERY CLINIC (PCRC) REFERRAL



Referral Other

Referral Date: _____

* Required fields must be completed or Referral will NOT be processed.

Referrals to the PCRC are for patients experiencing persistent symptoms affecting daily living for **more than 3 months** following a **presumed or confirmed COVID-19 illness. Other causes for symptoms must be ruled out prior to referral.** Please see page 2 for additional referral guidelines.

PCRC's model of care takes an **education-first approach**. Patients can access group education sessions and rehabilitation support from nurses, social workers, physiotherapists, and occupational therapists. **As needed**, staff will connect patients with physician specialists.

REFERRING CLINICIAN	
Name: _____	MSP Number: _____
Phone: _____ Fax: _____	Email: _____
Permission to contact patient by email: <input type="checkbox"/> Yes <input type="checkbox"/> No	
FAMILY PHYSICIAN: (if different from referring clinician) _____	MSP Number: _____
Phone: _____ Fax: _____	Email: _____
PATIENT INFORMATION	
Last name: _____	First name: _____ Middle initial: _____
PHN: _____	DOB: (dd/mmm/yyyy) _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____	<input type="checkbox"/> Other: _____
City / Town: _____	Postal Code: _____
Patient phone number: _____	Email: _____
Alternate contact - Name: _____	Phone: _____
Relationship to patient: _____	
Is an interpreter required? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, language: _____	
CLINICAL INFORMATION	
Date of symptom onset: (dd/mmm/yyyy) _____ * Referrals will only be accepted 3 months after symptom onset.	
Patient admitted to hospital: <input type="checkbox"/> No <input type="checkbox"/> Yes Date of hospital discharge: (dd/mmm/yyyy) _____	
ICU admission: <input type="checkbox"/> No <input type="checkbox"/> Yes Date admitted to ICU: (dd/mmm/yyyy) _____	
REASON FOR REFERRAL *	
<input type="checkbox"/> fatigue <input type="checkbox"/> brain fog <input type="checkbox"/> shortness of breath <input type="checkbox"/> chest pain <input type="checkbox"/> palpitations <input type="checkbox"/> headaches <input type="checkbox"/> other: _____ (please list)	
Any other relevant diagnoses/information: _____	
Confirm that you have completed a full history, physical examination and relevant investigations as part of differential diagnoses, and to rule out other conditions explaining the symptoms. (*see page 2 for specific workup requirements) <input type="checkbox"/> Yes	
Confirm that your patient has been informed this is a multidisciplinary clinic that supports recovery through self-management activities <input type="checkbox"/> Yes	
Fax completed referral to 604-806-8809	
We will contact your patient directly. If you require further support or have questions regarding your post-COVID patient, please request advice from "General Internal Medicine – COVID-19-Long Term Sequelae" via the RACE app: http://www.raceconnect.ca/race-app/	

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REFERRING CLINICIAN CHECKLIST

- Ensure ALL clinician information is provided, including email addresses.
- Ensure ALL patient demographic and contact information is provided, including email addresses.
- Provide any known clinical information and attach relevant documents to help triage patient referral. (See clinical workup checklist below)
- Provide your patient with the link to MyGuide COVID (<https://www.longcovidbc.ca>), they will find self-management resources.

Fax completed referral to PCRC: 604-806-8809.

CLINICAL WORKUP CHECKLIST*

*The ordering provider must address abnormal results

Fatigue

- CBC, ferritin, TSH, B12
- OSA testing (*if high risk*)
- PHQ-9 for depression (mandatory)
- GAD-7 for anxiety (mandatory)

Brain fog

- CBC, ferritin, TSH, B12
- OSA testing (*if high risk*)
- PHQ-9 for depression (mandatory)
- GAD-7 for anxiety (mandatory)

Shortness of breath

- CXR
- Spirometry (*if bronchospasm*)

Chest pain

- ECG
- BNP
- CXR

Palpitations

- ECG
- Holter monitor

Rash

- Dermatology consult

Loss of taste/smell

- ENT consult

***Note: the referral will be declined if these workups are incomplete.**

POST-COVID RECOVERY CLINIC (PCRC) GUIDELINES

- Patients must be willing to engage in self-management activities and group rehabilitation classes online.
- There is no COVID-19 diagnostic requirement to be eligible for referral. Referrals will only be accepted from a medical doctor or a nurse practitioner 3 months after symptom onset. Referrals for pre-existing symptoms/concerns should not be made to the PCRC.
- The PCRC does not accept re-referrals following discharge from the clinic. If you believe your patient requires re-entry into the network, please use the RACE app to have the case reviewed.
- **Please encourage your patient to review MyGuide Long COVID at: <https://www.longcovidbc.ca>**

FOR GENERAL INQUIRIES VISIT: <https://www.longcovidbc.ca> OR EMAIL: post-COVID-ICCN@phsa.ca