

**DEDER GENERAL HOSPITAL**  
**INTERDEPARTMENTAL CONSULTATION FORM**

**Nature of consultation:** ☐ Emergent ☐ Urgent ☐ Cold

Patient Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ MRN \_\_\_\_\_

Consulting Department \_\_\_\_\_

Consulted Department \_\_\_\_\_

Consulting Health Care Professional \_\_\_\_\_

Consulted Health Care Professional \_\_\_\_\_

Consultation date & time Date \_\_\_\_\_ Time \_\_\_\_\_

**Pertinent History**

---

---

---

---

**Pertinent Physical Examination Finding**

V/S:- BP \_\_\_\_\_ PR \_\_\_\_\_ RR \_\_\_\_\_ T \_\_\_\_\_ Pain Score \_\_\_\_\_

---

---

---

**Assessment: -**

---

---

Name \_\_\_\_\_ Profession \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

**Consultant Arrival Date & Time**

Date \_\_\_\_\_ Time \_\_\_\_\_

**Decision of Consultant**

---

---

Name \_\_\_\_\_ Profession \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

**NOTES:**

☞ ***Emergent*** (Defined as immediate life-threatening illness) within **10 minutes**

☞ ***Urgent*** (Defined as potentially life-threatening) within **30 minutes**

☞ ***Cold*** (Defined as requiring prompt evaluation but not life-threatening) **within 24hrs**