

PROFESSIONAL GUIDELINE

Referral-Consultation Process

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Related topic(s): [Access to Medical Care Without Discrimination](#); [Photographic, Video and Audio Recording of Patients](#); [Primary Care Provision in Walk-in, Urgent Care and Multi-licensee Clinics](#)

A **professional guideline** reflects a recommended course of action established based on the values, principles and duties of the medical profession. Licensees may exercise reasonable discretion in their decision-making based on the guidance provided.

Preamble

This document is a professional guideline of the Board of the College of Physicians and Surgeons of British Columbia (CPSBC).

CPSBC recognizes that there is a high degree of variability across the province in how referring physicians and consulting physicians engage in the referral-consultation process, including how a referral is first initiated and how information is subsequently transferred between licensees.

While there is no single solution to address all of the communication challenges, licensees should be mindful that patient well-being is the single most important factor in ensuring an effective referral-consultation process. In all instances, patients and their families remain at the centre of the referral-consultation process, and licensees should show their willingness to work together courteously and respectfully to ensure patient care is not compromised. Keeping the patient informed throughout the referral process is of the utmost importance.

The guidance that follows pertains to referrals made between all licensees, including primary care physicians and specialists. Licensees should, as appropriate, follow these guidelines when engaging in the referral-consultation process with other health-care providers, such as pharmacists and nurse practitioners

CPSBC's position

CPSBC's role is to guide professional conduct and remind licensees that an effective referral-consultation process is a foundational component of patient-centered care. The consultation process, both within institutions and in the community, demands clear and timely reciprocal communication between the licensees making the referral, the licensee providing the consultation, and the patient.

Good communication and collaboration between referring licensees and consulting licensees can prevent disruptions in care, delayed diagnoses, unnecessary testing, avoidable complications, frustrated physicians and patients, and potential medical-legal difficulties.¹

Referring licensees and consulting licensees both have a professional and ethical obligation to work together collegially, and to share the responsibility of supporting patients throughout the referral-consultation process. In the event of a complaint, the conduct of both the referring and consulting licensee would be considered.

Patients should be provided with appropriate information to assist them in making informed decisions about their health care, including whether to seek a second opinion or proceed with recommended treatments. Licensees should consider and respect their patient's reasonable request for a second opinion.

It is an expectation of CPSBC that the patient is completely aware of how they will be notified of the appointment. There is a shared obligation between the referring licensee and the consulting licensee to ensure that patient is aware of their appointment details.

¹ Good Practices Guide [Internet]. Ottawa (CA): Canadian Medical Protective Association. "Consultations and Referrals." Available from: https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/communication/Consultations_and_Referrals/consultations_and_referrals-e.html

Should the patient have any medical concerns or a change in medical status while waiting for their appointment with the consulting physician, it is the referring licensee's responsibility to provide care, and to inform the patient that they remain the most responsible provider during this time.

Referring licensee

Prior to requesting a referral, referring licensees should ensure that their patient is fully aware of the purpose of the referral, and that the patient provides their consent to the referral. The patient should also be offered the opportunity to ask questions about the referral.

The referring licensee should make a timely, written request for consultation that includes the following information:

- patient's name, personal health number, preferred and current contact details (**Note:** If patient has consented to email communication with the referring physician, inform the consulting physician of that consent.)
- name of and contact information (address, phone, fax) for the clinic, facility or other practice setting where the referring licensee has seen the patient (where applicable)
- date of referral
- specific purpose of the referral
- relevant clinical information (e.g. current medications, allergies, health history, physical examination) and social information (e.g. language barriers, gender identity)
- level of urgency of the referral
- expectations about the consultation outcome (e.g. medical opinion only, treatment, transfer of care, other)
- copies or summaries of pertinent laboratory investigations, imaging and other consultant reports

To view an example of an appropriate referral request letter, see [Appendix A](#).

Referring licensees should consider the quality of information that they provide in a referral request. Providing too little information (e.g. the reason for the referral is not clear), insufficient information (e.g. no lab results), too much information (e.g. unrelated medical history), or unclear information (illegible) causes frustration and unnecessary delays. Licensees referring a patient after a virtual care visit must complete a standard primary care history and arrange for any necessary physical assessments prior to referring the patient to a consulting licensee.

It is not appropriate for the referring licensee to send the same referral letter to multiple specialists concurrently hoping that one will accept the referral, as this can result in wasted time, inefficiencies in the process, and annoyance for both patients and colleagues.

Consulting licensee

It is recommended that the consulting licensee respond as soon as possible to a referral request with a notification alerting the referring licensee that the referral has been received.

This is especially helpful in circumstances where there may be long wait times to see the patient. To view an example of a referral received letter, see [Appendix B](#).

The consultant should provide a prompt (two weeks is considered prompt) and informative response to the referring licensee either accepting or not accepting the referral. To view an example of an appropriate referral response letter, see [Appendix C](#).

If the referral is not accepted: an explanation of the reason(s) for not accepting the referral should be provided, along with suggested alternatives, if appropriate.

If the referral is accepted: in most situations, the consulting licensee is best suited to communicate the appointment date and time to both the referring licensee and the patient.

The consultant should advise the patient of any specific requirements prior to the appointment (e.g. bowel preparations, fasting, etc.), and communicate expectations about office procedures (e.g. cancelling or confirming appointments in advance).

Upon seeing the patient, the consultant should provide the referring licensee with a timely written report (the MSP fee guide requires that the report be provided within two weeks, except in extraordinary circumstances). Verbal notification should be provided if the results are urgent or critical.

The report should include the following information:

- patient's name
- if known, the identity of the patient's primary care physician
- the date of the consultation
- the purpose of the referral as understood by the consultant
- information considered, including history, physical findings and investigations
- diagnostic conclusions (definitive/provisional; differential diagnosis where appropriate)
- treatments or interventions initiated, including medications prescribed or diagnostics ordered
- recommendations for follow-up by the referring licensees
- recommendations for continuing care by the consultant
- recommendations for referral to other consultants
- advice or next steps provided to the patient

Consulting licensees should assume responsibility for informing the referring licensee of any subsequent interventions or interactions with the patient, and when a consultation will extend beyond one appointment. Interim reports to the referring licensee should be provided as required.

Both the patient and referring licensee should be notified when a consultation is complete and patient care is being transferred back to the referring licensee, or another care provider.

References

1. Canadian Medical Association Policy: Streamlining Patient Flow from Primary to Specialty Care: A Critical Requirement for Improved Access to Specialty Care
2. College of Physicians and Surgeons of Alberta: Referral Consultation

Appendix A

REFERRAL REQUEST

Date of referral: _____

This is a note to request a referral for patient:

Name: _____ DOB: _____ PHN: _____

Phone: _____ Email: _____

*Preferred: Phone Email (consent)

Reason(s) for referral:

Additional notes on this patient:

This is an urgent referral: Yes No

This patient speaks English: Yes No

If no, language(s) spoken: _____ Translator will be present: Yes No

The following patient information is included in this referral:

- Pertinent patient history/medical notes
- Recent blood work and lab reports
- Relevant radiology reports
- Recent specialist consultation reports, if available, and any tests that have been done
- Other: _____

Following this, we request that your office contact the patient to inform them of their appointment date and time and any necessary steps they must take before their appointment. Should you have any issues communicating with the patient, please let us know.

Please inform our office if you will be able to see this patient, as well as the expected wait time.

Sincerely,

Dr. _____

Appendix B

REFERRAL RECEIVED

Date received: _____

This is a note to acknowledge that our office has received your referral for patient:

Name: _____ DOB: _____

In the meantime, Dr. _____ will be reviewing the patient's referral paperwork, then triage the patient to be scheduled.

If accepted, our office will contact the patient to inform them of their appointment date and time, what to expect during their appointment, and any necessary steps they must take beforehand.

All patients are scheduled based on urgency.

Note: We require the following documents, not yet received, to be faxed to our office BEFORE an appointment time is given. Please send to us ASAP:

- _____
- _____
- _____

A friendly reminder that Dr. _____ only speaks _____.
Patients must bring a translator if they cannot communicate in this/these language(s).

Please do not forward this to the patient, as we will be sending a confirmation letter AFTER an appointment has been scheduled.

Our wait list is generally _____.

Sincerely,

Dr. _____

Appendix C

REFERRAL RESPONSE

Date of response: _____

This is a referral response for patient:

Name: _____ DOB: _____

This patient has been accepted:

- Yes

Date of appointment: _____

Time of appointment: _____

- No

Reason(s): _____

We will inform the patient of their appointment date and time, and of any necessary steps they must take before their appointment.

Sincerely,

Dr. _____