



Medical Referral Intestinal Failure Unit



To:	TPN & Intestinal Failure Team, Academic Medical Centre Amsterdam Attn. Professor M.A. Boermeester, MD, PhD, MSc, gastro-intestinal surgeon M.J.M. Serlie, MD, PhD, internist-endocrinologist PO Box 22660, 1100 DD Amsterdam tpvendarmfalenteam@amc.nl Fax nr.: 020-6914300
Regarding:	Consultation or request for joint medical case management

In case of consultation or a request for joint medical case management, all sections of this referral form need to be filled in completely and submitted with the requested attachments. Incomplete forms cannot be processed. A referral letter is an addition to this form and as such cannot replace it. The patient can only be placed on the waiting list for consultation when we have received the fully completed form and all requested information.

Should you have any questions regarding your referral please contact the TPN & Intestinal Failure Team on our general telephone number: 020-566 5120 (availability weekdays from 8:30 a.m. till 5:00 p.m.) or by e-mail: tpvendarmfalenteam@amc.nl.

For general information regarding TPN & Intestinal Failure Team please visit our website www.darmfalenteam.nl

Referral date:	Form completed by:
Reason for referral:	
<input type="checkbox"/> Medical advice, single consultation <input type="checkbox"/> Establish patient on home TPN <input type="checkbox"/> Request for joint medical case management <input type="checkbox"/> Other:	

General referral information

Patient			
Name			Date of birth
	<input type="checkbox"/> male	<input type="checkbox"/> female	Identification nr.
Address			
Postcode		Place and country	
Telephone	1.		2.
E-mail			

General practitioner			
Name			
Address			
Postcode		Place and country	
Telephone	1.		2.
E-mail			

Referring information			
Hospital		Ward	
Consultant			
Telephone	1.		2.
E-mail			
Place and country			
Other practitioners and function			

Current location patient			
<input type="checkbox"/> home			
<input type="checkbox"/> other	<input type="checkbox"/> hospital	name	
		ward	
		place and country	
	<input type="checkbox"/> rehabilitation centre	name	
		ward	
		place and country	
	<input type="checkbox"/> other	name	
		place and country	

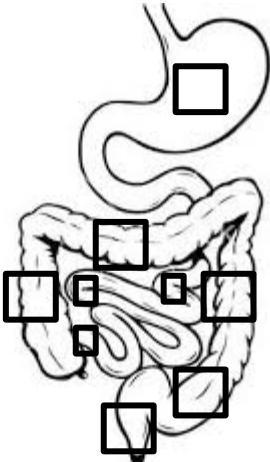
Home care information			
Home care organisation			
Place and country			
Contact person			
Telephone	1.		2.
E-mail			

Medical history

Medical history (in full)		
Date	Diagnosis	Treatment

Main medical problem and indication for referral		
Date	Diagnosis	Treatment

Present medical condition

Surgical anatomy - Abdomen internal	
<p><i>Please mark resections</i></p> 	<p><i>Please draw or attach document for current situation</i></p>
<p><i>Description current internal anatomy</i></p>	

Anatomy					
Stoma	<input type="checkbox"/> no				
	<input type="checkbox"/> yes	<input type="checkbox"/> jejunostomy	cm past Treitz		
		<input type="checkbox"/> left sided		<input type="checkbox"/> right sided	
		<input type="checkbox"/> ileostomy	cm before ileocecal valve		
		<input type="checkbox"/> left sided		<input type="checkbox"/> right sided	
		<input type="checkbox"/> colostomy	<input type="checkbox"/> ascending	<input type="checkbox"/> transverse	
		<input type="checkbox"/> descending		<input type="checkbox"/> sigmoid	
<input type="checkbox"/> left sided		<input type="checkbox"/> right sided			
<input type="checkbox"/> other					
Fistula	<input type="checkbox"/> no				
	<input type="checkbox"/> yes	number			
		<input type="checkbox"/> enterocutaneous			
		location			
		<input type="checkbox"/> left sided		<input type="checkbox"/> right sided	
		<input type="checkbox"/> entero-atmospheric			
location					
<input type="checkbox"/> left sided		<input type="checkbox"/> right sided			
Mesh in place	<input type="checkbox"/> no				
	<input type="checkbox"/> yes	type			
		position			
Incisional hernia	<input type="checkbox"/> no				
	<input type="checkbox"/> yes				

Surgical anatomy - Abdomen external

Please include abdominal (wound) picture - overview from xiphoid to symphysis and side tot side

Description current external anatomy

Fluid balance				
intake (ml/24h)				
TPN prescription	infusion time			
	supplements	<input type="checkbox"/> vitamins	<input type="checkbox"/> trace elements	
		<input type="checkbox"/> other		
additional NaCl iv	type		amount	
output (ml/24h)				
urinary production				<input type="checkbox"/> CAD in place
stoma production				
fistula production				
bowel movements	<input type="checkbox"/> no	<input type="checkbox"/> yes	frequency	

Nutrition and anthropometry					
enteral feeding	<input type="checkbox"/> normal	<input type="checkbox"/> liquid	<input type="checkbox"/> short bowel	<input type="checkbox"/> nil per os	
	<input type="checkbox"/> sip feeds	number/24h			
	<input type="checkbox"/> tube feeding				
		ml/24u			
		tube position	<i>e.g. nasogastric tube/PEG (gastrostomy)</i>		
<input type="checkbox"/> other					
length					
actual weight			target weight		
	weight loss since admission				
BMI					

Central venous catheter					
CVC	<input type="checkbox"/> no				
	<input type="checkbox"/> yes	tunnelled	<input type="checkbox"/> yes	<input type="checkbox"/> no	
		number lumens			
		position			
			<input type="checkbox"/> left sided	<input type="checkbox"/> right sided	
		date of placement			
		number of CVCs since admission			
		type of catheter lock			
		<input type="checkbox"/> NaCl	<input type="checkbox"/> Heparin	<input type="checkbox"/> Taurosept	

Other (psychosocial, mobility, pain experience etc)	
Psychologist/social work involved	<input type="checkbox"/> yes <input type="checkbox"/> no
other remarks	

Attachments
Referral letter and indication
Recent laboratory tests (max 10 days old)
All available clinical and outpatient letters (also in regard to comorbidities)
All original operation notes
All original histology reports
Actual and/or relevant culture reports
Actual (current) prescription chart
CD with images from recent and relevant investigations (recent CT, MRI and contrast image)

Other remarks

Thank you for your referral and completion of this form. After assessment of the patient at our outpatient clinic, the TPN & Intestinal Failure Team will be part of the patient's medical team. The referring consultant will remain in charge in case of intercurrent issues, follow-up of the primary underlying illness(es) and assessment for clinical admission. Please inform us of all relevant findings and clinical admissions as soon as possible (tpvendarmfalenteam@amc.nl).

Most sincerely, on behalf of the TPN & Intestinal Failure Team,

Professor M.A. Boermeester, MD, PhD, MSc, gastro-intestinal surgeon

M.J.M. Serlie, MD, PhD, internist-endocrinologist