



**Patient Information**

Name:

PHN:

DOB:  (DD/MM/YYYY)

Cell:

Home phone:

Address:

City:  Postal code:

Email:

**Referring Physician Information**

Name:

MSP #:

Phone:

Fax:

Address:

City:  Postal code:

Office email:

**Diabetic**  Yes  No

Type:  Type 1  Type 2

HbA1C:  Test date:  (DD/MM/YYYY)

**WorkSafeBC claim**  Yes  No

Claim number:

Date of injury:  (DD/MM/YYYY)

**Body Part** (One body part per referral)

Hand/Wrist/Elbow     Knee  
 Shoulder     Knee (sports med.)  
 Cervical spine     Hip  
 Lumbar spine     Foot/Ankle

**Side**

Right  
 Left  
 Bilateral

**Emergency referrals:**  
Please contact the surgeon on call directly, or via the SMH switchboard: (604) 581-2211

**X-Ray Requirement** (Please attach X-Ray/MRI/CT reports)

NOTE: This referral cannot be properly triaged without x-ray reports unless exceptional circumstances are present.

<input type="checkbox"/> Hand (AP, lateral)	<input type="checkbox"/> Hip (Standing AP pelvis, true lateral)
<input type="checkbox"/> Wrist (Neutral rotation, PA and lateral with oblique)	<input type="checkbox"/> Foot (Standing AP, lateral, oblique)
<input type="checkbox"/> Elbow (AP, lateral, transolecranon)	<input type="checkbox"/> Ankle (Standing AP, lateral, mortise)
<input type="checkbox"/> Shoulder (AP int. and ext. rotation, axillary, supraspinatus outlet)	<input type="checkbox"/> Lumbar spine (Standing AP, lateral)
<input type="checkbox"/> Knee (Standing AP, lateral, skyline, standing notch)	<input type="checkbox"/> Cervical spine (Upright AP, lateral, flex/ext)

**Reason for referral:**

**Primary patient complaint:**

**Duration of symptoms:**

**Treatments to date:**

**Medical history:**

**Surgeon**

**Non-spine**

Next available

Brown    Knee, hip

Froh    Knee, hip

Neufeld    Knee, hip

Schweigel    Knee, hip

Jackson    Knee, hip, hand, wrist, elbow

Matthew    Knee, foot, ankle

Lee    Knee, shoulder

Cheema    Should, elbow

**Spine**

Next available

Steyn    Spine

Nadeau    Spine

**Spine referrals:**  
In addition to this form, fill out the Spine Referral Form (located at <https://orthosurrey.ca/wp-content/uploads/2023/12/elective-spine-referral-form.pdf>)