



Urgency

- Urgent (Weakness, completely debilitated pt.)
- Semi-urgent (Progressive debilitating symptoms)
- Non-urgent (Chronic symptoms, slowly progressive, manageable)

NOTE: If any red flag symptoms (**profound/acute weakness, cauda equina syndrome, signs of infection**), send to emergency.

NOTE: For **intracranial/intradural** pathology, refer to neurosurgery.

Spine Referral

Type: Lumbar spine Thoracic spine Cervical spine

Diagnosis:

Chief complaint (pt. symptoms):

Duration of symptoms: < 1 month 1-3 months 3-6 months > 6 months (specify)

Pain location: Right leg Left leg Right arm Left arm
 Low back pain Neck pain

Functional limitations: None
 Mild (Able to perform ADLs, no modification)
 Moderate (Able to do ADLs with modification, missed days of work due to back issues)
 Severe (Unable to do most ADLs, off work completely due to back issues)

Weakness: No Yes, stable Yes, worsening
If yes, describe:

Myelopathy: No Yes, stable Yes, worsening
(C or T-spine: reduced balance/dexterity, distal extremities paresthesia)

Imaging (attach reports): X-Ray CT MRI

History

Treatments trialed

Medications:

Physiotherapy: No Yes

Spinal injections: No Yes NOTE: Please attach procedure notes and consults.

History of spinal surgery No Yes

If yes, specify: Year: Hospital/surgeon:
Procedure:

NOTE: Please attach procedure notes and consults.
NOTE: Please re-refer to original surgeon if not retired and in same province.

Is this a second opinion? No Yes
NOTE: Please attach the spine surgeon consult note.

For all referrals, include your **latest encounter note, PMHx, PSHx, current list of medications.**