



**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    Shoulder, elbow, complex trauma

**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>)