



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
 Lung 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>)