

Physician Referral Form

Orthopedic Surgery - Sports Medicine

Fax: 250 448 4799

**KELOWNA BONE
& JOINT HEALTH**

URGENT REFERRALS: Referrals regarding acute fracture, infection, or tumour, please discuss with Ortho Surgeon on call (KGH 250-862-4000).

Date of Referral:	WCB Claim # (if appropriate):
	Date of Injury:
PATIENT INFORMATION: (affix label or complete)	REFERRING PHYSICIAN: (affix label or complete)
Name:	Name:
Gender: DOB:	MSP:
PHN: Age:	Address:
Address:	Phone:
Primary Phone:	Fax:
Alternate Phone:	If applicable, Walk in Clinic Name:
Email:	

First Available Appropriate Surgeon (triaged to appropriate physician/surgeon)
 First Available Sports Medicine Physician or Physiatrist (triaged to appropriate physician/surgeon)
 MSK Ultrasound (Diagnostic [acute rotator cuff tear, Morton's neuroma, etc.] and Interventional [hip injection, Baker's cyst, etc.])/EMG
 Request Dr: _____

Fracture Referral: Speak to the Orthopedic Surgeon on-call (250-862-4000). If an in-person consultation is required, the Surgeon on-call will direct what information needs to be **faxed to the KGH cast clinic at 250-862-4401**. KGH ED can refer directly to the KGH Cast Clinic via Meditech.

Body Part: Hip Knee Foot/ Ankle Shoulder Elbow Other (no adult spine):

REASON FOR REFERRAL: include diagnosis & treatment to date. Letter Attached

Duration of Symptoms: _____ **Severity of Symptoms:** Mild Moderate Severe

MEDICAL & SURGICAL HISTORY: OR/Consult Reports Attached <input type="checkbox"/>	MEDICATIONS (Active and PRN): List Attached <input type="checkbox"/>
	ALLERGIES: List Attached <input type="checkbox"/>

X-RAYS OF THE AFFECTED AREA ARE MANDATORY FOR TRIAGE OF ADULT PATIENTS

X-RAYS WITHIN 12 MONTHS OR AFTER ACUTE INJURY REQUIRED

PLEASE NOTE AN MRI CANNOT BE USED IN PLACE OF AN X-RAY

	<u>Suggested X-ray Series</u>		<u>Suggested X-ray Series</u>
Acute Knee Injury	AP, lateral, skyline and notch views.	Hip	Standing AP pelvis, lateral
Acute Shoulder Injury	"Trauma Series Shoulder"- AP lateral, axillary views.	Chronic Shoulder Pain	"Ortho Series Shoulder" - AP in neutral, AP internal rotation, lateral, axillary
Foot or Ankle Injury or Arthritis	Standing AP, lateral and oblique	Elbow	AP, lateral and oblique
Knee Arthritis	Standing AP, lateral, skyline and notch views	Pediatric Patient	X-rays not mandatory

Upon review, receipt of referral will be confirmed via fax to referring physician's office. Approximate wait for the appointment will be indicated and patients will be contacted directly to schedule their appointment closer to when consultation times become available.