



A. DATE OF REFERRAL	B. WSBC INFORMATION (if applicable) <u>Claim No.</u> <u>Injury Date:</u>
C. PATIENT INFORMATION (or affix label) <u>Last Name:</u> <u>Gender:</u> <u>First Name:</u> <u>Email:</u> <u>DOB:</u> <u>Phone 1:</u> <u>Age:</u> <u>Phone 2:</u> <u>PHN:</u> <u>City:</u>	
D. REFERRING PHYSICIAN <u>MSP No.</u> <u>Name:</u> <u>Family Physician (if different):</u>	
E. BODY REGION <i>*Spine - please refer to Neurosurgery</i> <i>*Hand/Carpus - please refer to Plastics</i> <input type="checkbox"/> Shoulder / Arm <input type="checkbox"/> Elbow / Forearm <input type="checkbox"/> Wrist Laterality <input type="checkbox"/> Hip / Pelvis <input type="checkbox"/> Knee / Leg <input type="checkbox"/> Foot / Ankle <input type="checkbox"/> Left <input type="checkbox"/> Right	
F. REASON FOR REFERRAL <input type="checkbox"/> Urgent Referral for assessment within 1-2 weeks . Eg. acute fracture, urgent soft-tissue injury, infection or tumour. <i>If clinically indicated, contact the on-call surgeon directly, or via LGH at 604-988-3131.</i> <input type="checkbox"/> Follow-up Assessment. Who was the previous treating physician? _____ <input type="checkbox"/> Non-Urgent Bone or Soft-Tissue Complaint <input type="checkbox"/> Injection (including ultrasound-guided) <input type="checkbox"/> Arthritis <input type="checkbox"/> Bracing <input type="checkbox"/> Other _____	
G. RELEVANT HISTORY <i>*Please include HPI, PMHx/surgical Hx, and medications <u>or</u> attach documents</i> Duration of Symptoms: _____ Severity of Symptoms: <input type="checkbox"/> Mild <input type="checkbox"/> Mod <input type="checkbox"/> Severe	
H. X-RAY REQUIREMENT <i>*X-ray report, obtained within past 6 months, MUST accompany referral</i> Additional Imaging: <input type="checkbox"/> Ultrasound <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> Nuclear Med	
I. REQUESTED CONSULTANT <input type="checkbox"/> First Available Appropriate Physician <input type="checkbox"/> Specific Physician Name: _____	
J. TRIAGE PROCESS Referral will be triaged within 5 days. Receipt of referral will be confirmed via fax. Prioritization will be based on relative urgency, date of receipt, and resource availability. Unless a specific physician is requested, the referral will be directed to an MSK assessor <u>or</u> to the most appropriate surgeon with the shortest wait time. We will contact the patient directly to schedule a visit once appointment times become available.	