



# Lower Extremity Foot / Ankle Consultation Request Form

**Instructions:**

To facilitate prompt and appropriate assessment/consultation of your patient by an orthopaedic surgeon, please:

1. Complete this form and provide all requested information.
2. **Sign** and **Date** the bottom of the second page
3. Fax form and radiology report to appropriate fax number (see attached directory)

**NB: CONTACT SURGEON DIRECTLY IF THIS IS AN EMERGENCY**

**COMPLETING THIS FORM DOES NOT GUARANTEE ACCEPTANCE OF THIS PATIENT**

**Consult directed to:**

Next available surgeon                       Specific Surgeon: \_\_\_\_\_

**Referral Type:**

New    Repeat    WCB    WCB Appeal    MPIC    Medical Legal    2nd Opinion

**Patient Demographics (Please print clearly. Use label if available.):**    Female    Male

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB:     /   /        MHSC:            PHIN:

Y Y Y Y      M M      D D

Tel: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Other) \_\_\_\_\_

Address (include postal code): \_\_\_\_\_

Does patient read and speak English?    Yes    No

**Referring Physician:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Radiology:** A copy of a plain x-ray report of the relevant joint(s) is required for us to assess this request. AP knee films should be done standing. MRI is necessary for knees without advanced arthritis and shoulders.

Plain X-ray                      Date \_\_\_\_\_                      Location \_\_\_\_\_

Other: \_\_\_\_\_                      Date \_\_\_\_\_                      Location \_\_\_\_\_

\_\_\_\_\_                      Date \_\_\_\_\_                      Location \_\_\_\_\_

**Reason for Referral:**

Ankle Problem       Right       Left       Bilateral

Diagnosis:     **Instability**       **Rheumatoid**       **Impingement**

**OCD**       **Other** \_\_\_\_\_

**Osteoarthritis:**     Post Traumatic       Degenerative  
 Mild       Moderate       Severe

Foot Problem       Right       Left       Bilateral

Diagnosis:     **Bunion**

**Claw / Hammer Toes**

**Osteoarthritis:**     Midfoot       Forefoot

**Soft Tissue Disorder** \_\_\_\_\_

**Symptom Duration:**     <2 weeks     2-6 weeks     6-12 weeks     3-6 months  
 6-12 months     12-24 months     >24 months

**VAS Pain Score (Patient rated)**

1      2      3      4      5      6      7      8      9      10

minimal pain      worst pain ever

**Athletic Level:**     None     Recreational     Highly Competitive     Professional

**Non-operative Management Attempted:**

	Effective	Partially effective	Not appropriate for me	Unable	Don't want to try	Not attempted
Physio or Other therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NSAID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint Injection (location _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is this patient wishing to pursue surgery?     Yes     No     patient uncertain

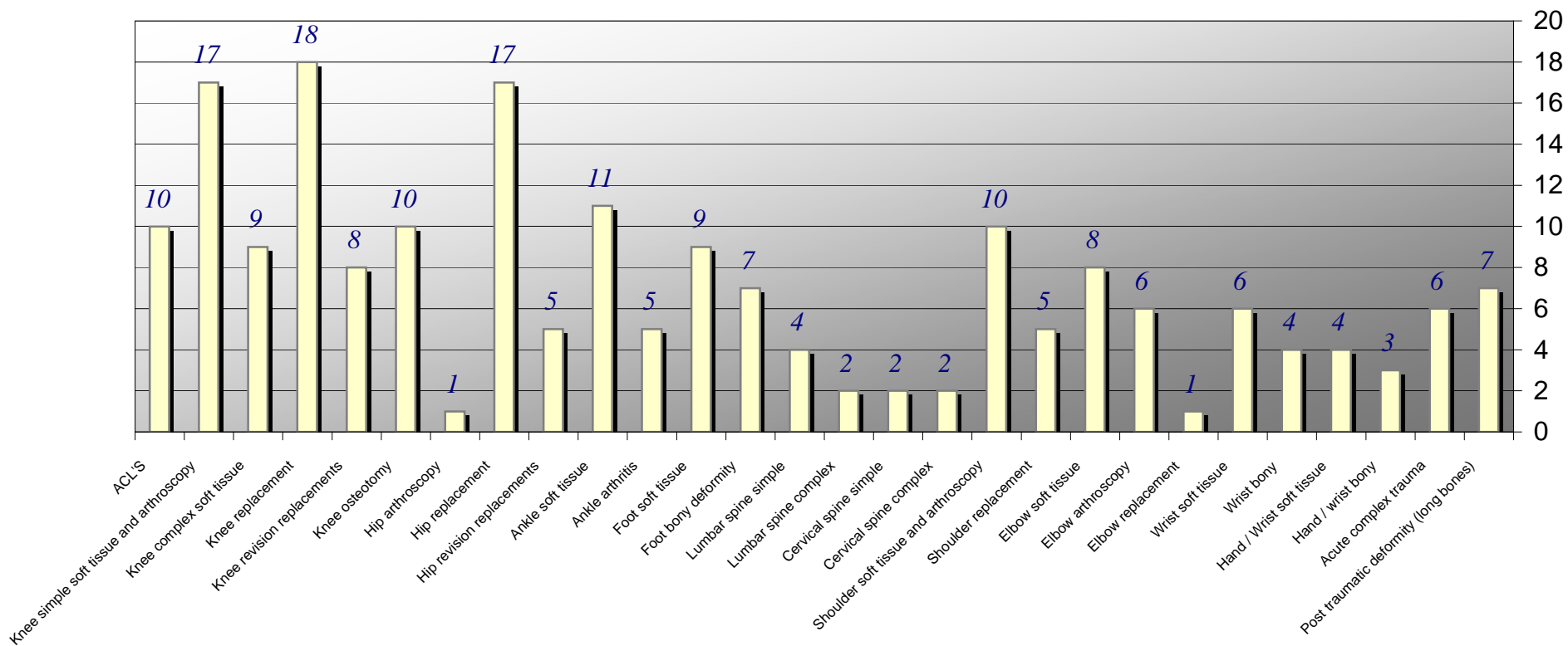
**History / Medications / Allergies / Social (Attach separately if preferred):**

\_\_\_\_\_

**Signature of referring physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Adult Orthopaedic Areas of Subspecialization	KNEE						HIP			ANKLE		FOOT		SPINE				SHOULDER		ELBOW			WRIST		HAND / WRIST		TRAUMA	
	ACL'S	Knee simple soft tissue and arthroscopy	Knee complex soft tissue	Knee replacement	Knee revision replacements	Knee osteotomy	Hip arthroscopy	Hip replacement	Hip revision replacements	Ankle soft tissue	Ankle arthritis	Foot soft tissue	Foot bony deformity	Lumbar spine simple	Lumbar spine complex	Cervical spine simple	Cervical spine complex	Shoulder soft tissue and arthroscopy	Shoulder replacement	Elbow soft tissue	Elbow arthroscopy	Elbow replacement	Wrist soft tissue	Wrist bony	Hand / Wrist soft tissue	Hand / wrist bony	Acute complex trauma	Post traumatic deformity (long bones)
Dr. V. Adduri	√	√		√	√	√		√	√	√	√	√						√		√			√	√	√	√	√	√
Dr. D. Balageorge		√		√				√																				
Dr. K. Baria		√		√					√	√	√	√																
Dr. L. Barron				√				√																		√	√	
Dr. D. Birt		√		√				√			√	√	√										√					
Dr. E. Bohm				√	√			√	√																			
Dr. C. Burnell				√	√			√	√																			
Dr. J. Crosby		√	√	√				√										√										
Dr. V. deKorompay	√	√	√	√	√	√		√																				
Dr. D. Dillon	√	√	√					√										√										
Dr. J. Dubberley																		√	√	√	√	√	√	√	√		√	√
Dr. D. Foerster	√	√		√		√		√										√										
Dr. W. Froese	√	√	√			√			√									√	√	√	√							
Dr. M. Goytan													√	√	√	√												
Dr. C. Graham																										√	√	
Dr. D. Hedden				√	√			√	√																			
Dr. D. Huebert	√	√	√	√		√		√																				
Dr. J. Irving	√	√	√	√		√			√	√	√	√																√
Dr. M. Johnson													√	√	√	√												
Dr. D. Kayler		√		√	√			√		√		√								√			√		√			
Dr. A. Longstaffe	√	√	√						√		√	√																
Dr. P. MacDonald	√	√	√			√			√	√								√	√	√	√							
Dr. H. Muller	√	√		√				√		√	√	√						√		√	√		√	√	√	√		
Dr. J. Old																		√	√	√	√							
Dr. B. Pilkey												√	√													√	√	
Dr. M. Sharif				√				√		√		√		√						√			√	√	√	√		
Dr. Greg Stranges		√	√			√	√		√									√	√		√							
Dr. T.Tufescu						√																				√	√	
Dr. T. Turgeon				√	√	√		√	√																			
Dr. J. Wiens		√		√	√			√																				
Totals	10	17	9	18	8	10	1	17	5	11	5	9	7	4	2	2	2	10	5	8	6	1	6	4	4	3	6	7

## Areas of Subspecialization



# ORTHOPAEDIC SURGEONS REFERRING INFORMATION

(Last updated: April 21, 2010)

Dr. Venkatesware Adduri  
Medical Arts Building  
703 – 233 Kennedy Street  
Winnipeg, MB R3C 3J5  
Tel: 943-2559 Fax: 943-4275

Dr. Dimitrios Balageorge  
Manitoba Clinic  
Rm. 101 – 790 Sherbrook Street  
Winnipeg, MB R3A 1M3  
Tel: 788-5768 Fax: 774-5623

Dr. Kaikhushroo Baria  
Winnipeg Clinic  
425 St. Mary Avenue  
Winnipeg, MB R3C 0N2  
Tel: 957-3260 Fax: 947-0450

Dr. Laurie Barron  
Pan Am Clinic  
75 Poseidon Bay  
Winnipeg, MB R3M 3E4  
Tel: 927-2630 Fax: 927-2675

Dr. Doug Birt  
320 – 3025 Portage Avenue  
Winnipeg, MB R3K 2E2  
Tel: 831-7144 Fax: 888-9055

Dr. Brian Black  
Health Sciences Centre  
AD4 – 820 Sherbrook Street  
Winnipeg, MB R3A 1R9  
Tel: 787-4204 Fax: 787-1958

Dr. Eric Bohm  
Hip & Knee Institute  
300-1155 Concordia Ave.  
Winnipeg, MB R3A 1R9  
Tel: 926-1212 Fax: 940-2263

Dr. Colin Burnell  
Hip & Knee Institute  
300-1155 Concordia Ave.  
Winnipeg, MB R3A 1R9  
Tel: 926-1214 Fax: 940-2263

Dr. Jason Crosby  
Manitoba Clinic  
Rm. 101 – 790 Sherbrook Street  
Winnipeg, MB R3A 1M3  
Tel: 788-5523 Fax: 774-5623

Dr. Victor DeKorompay  
Pan Am Clinic  
75 Poseidon Bay  
Winnipeg, MB R3M 3E4  
Tel: 927-2678 Fax: 927-2685

Dr. David Dillon  
Pan Am Clinic  
75 Poseidon Bay  
Winnipeg, MB R3M 3E4  
Tel: 927-2681 Fax: 927-2685

Dr. James Dubberley  
Pan Am Clinic  
75 Poseidon Bay  
Winnipeg, MB R3M 3E4  
Tel: 925-1578 Fax: 927-2675

Dr. David Foerster  
9A – 1099 Kingsbury Avenue  
Winnipeg, MB R2P 2P9  
Tel: 697-4940 Fax: 697-4967

Dr. Warren Froese  
Pan Am Clinic  
75 Poseidon Bay  
Winnipeg, MB R3M 3E4  
Tel: 925-1531 Fax: 925-1470

Dr. Michael Goytan  
Health Sciences Centre  
AD4 – 820 Sherbrook Street  
Winnipeg, MB R3A 1R9  
Tel: 787-1913 Fax: 787-2460

Dr. Chris Graham  
Health Sciences Centre  
AD412 - 820 Sherbrook Street  
Winnipeg, MB R3A 1R9  
Tel: 787-2554 Fax: 787-2460

Dr. David Hedden  
Hip & Knee Institute  
300-1155 Concordia Ave.  
Winnipeg, MB R3A 1R9  
Tel: 926-1216 Fax: 940-2263

Dr. David Huebert  
Pan Am Clinic  
75 Poseidon Bay  
Winnipeg, MB R3M 3E4  
Tel: 927-2658 Fax: 925-1579

Dr. James Irving  
Pan Am Clinic  
75 Poseidon Bay  
Winnipeg, MB R3M 3E4  
Tel: 927-2680 Fax: 927-2685

Dr. Paul Jellicoe  
Health Sciences Centre  
AD4 - 820 Sherbrook Street  
Winnipeg, MB R3A 1R9  
Tel: 787-8948 Fax: 787-2460

Dr. Michael Johnson  
Health Sciences Centre  
AD4 – 820 Sherbrook Street  
Winnipeg, MB R3A 1R9  
Tel: 787-4581 Fax: 787-2460

Dr. Douglas Kayler  
Unit 4 – 871 Waverley Street  
Winnipeg, MB R3T 5P4  
Tel: 832-6560 Fax: 888-0705

Dr. Albert Longstaffe  
Tache Clinic  
304 – 400 Tache Avenue  
Winnipeg, MB R2H 3C3  
Tel: 233-4710 Fax: 235-1654

Dr. Peter MacDonald  
Pan Am Clinic  
75 Poseidon Bay  
Winnipeg, MB R3M 3E4  
Tel: 925-1546 Fax: 927-2675

Dr. John McPherson  
Health Sciences Centre  
AD4 – 820 Sherbrook Street  
Winnipeg, MB R3A 1R9  
Tel: 787-4204 Fax: 787-1958

Dr. Ronald Monson  
Manitoba Clinic  
Rm. 101 - 790 Sherbrook Street  
Winnipeg, MB R3A 1M3  
Tel: 788-5758 Fax: 774-5623

Dr. Hellmuth Muller  
Manitoba Clinic  
Rm. 103 - 790 Sherbrook Street  
Winnipeg, MB R3A 1M3  
Tel: 788-5726 Fax: 774-5772

Dr. Jason Old  
Pan Am Clinic  
75 Poseidon Bay  
Winnipeg, MB R3M 3E4  
Tel: 927-2767 Fax: 927-2765

Dr. Brad Pilkey  
Health Sciences Centre  
AD414 – 820 Sherbrook Street  
Winnipeg, MB R3A 1R9  
Tel: 787-2239 Fax: 787-2460

Dr. Man Nasser-Sharif  
St. Boniface Clinic  
343 Tache Avenue  
Winnipeg, MB R2H 2A5  
Tel: 925-9572 Fax: 231-4567

Dr. Greg Stranges  
Pan Am Clinic  
75 Poseidon Bay  
Winnipeg, MB R3M 3E4  
Te: 927-2825 Fax: 927-2675

Dr. Susan Thompson  
Health Sciences Centre  
AD401 - 820 Sherbrook Street  
Winnipeg, MB R3A 1R9  
Tel: 787-3667 Fax: 787-2460

Dr. Thomas Turgeon  
Hip & Knee Institute  
300-1155 Concordia Ave.  
Winnipeg, MB R3A 1R9  
Tel: 926-1218 Fax: 940-2263

Dr. Ted Tufescu  
Health Sciences Centre  
AD4 – 820 Sherbrook Street  
Winnipeg, MB R3A 1R9  
Tel: 787-7942 Fax: 787-2460

Dr. John Wiens  
Courts of St. James  
20 – 2727 Portage Avenue  
Winnipeg, MB R3J 0R2  
Tel: 888-5905 Fax: 885-9671

## **For Diabetic Foot Only**

Dr. Mario Dascal  
Health Sciences Centre  
AD401 - 820 Sherbrook Street  
Winnipeg, MB R3A 1R9  
Tel: 787-2395 Fax: 787-2460