



Upper Extremity 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: _____ Phone: _____

Address: _____ Fax: _____

Radiology: A copy of a plain x-ray report of the relevant joint(s) is required for us to assess this request. MRI is necessary for soft tissue shoulder problems.

Plain X-ray Date _____ Location _____

Other: _____ Date _____ Location _____

_____ Date _____ Location _____

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

Reason for Referral:

Shoulder Problem Right Left Bilateral

Diagnosis: **Impingement**

AC Arthrosis

Instability Atraumatic Traumatic Number of Dislocations: _____

Glenohumeral Osteoarthritis

Rotator Cuff Degenerative Traumatic Size of Tear on MRI: _____

Other: _____

Elbow Problem Right Left Bilateral

Diagnosis: **Osteoarthritis** Degenerative Traumatic

Instability Atraumatic Traumatic

Loose Body OCD Traumatic

Tendon Rupture: specify: _____

Acute Chronic

Other: _____

Wrist Problem Right Left Bilateral

Diagnosis: **Carpal Instability** Degenerative Traumatic

Carpel Tunnel Syndrome

Degenerative Wrist

TFCC Injury

Other: _____

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

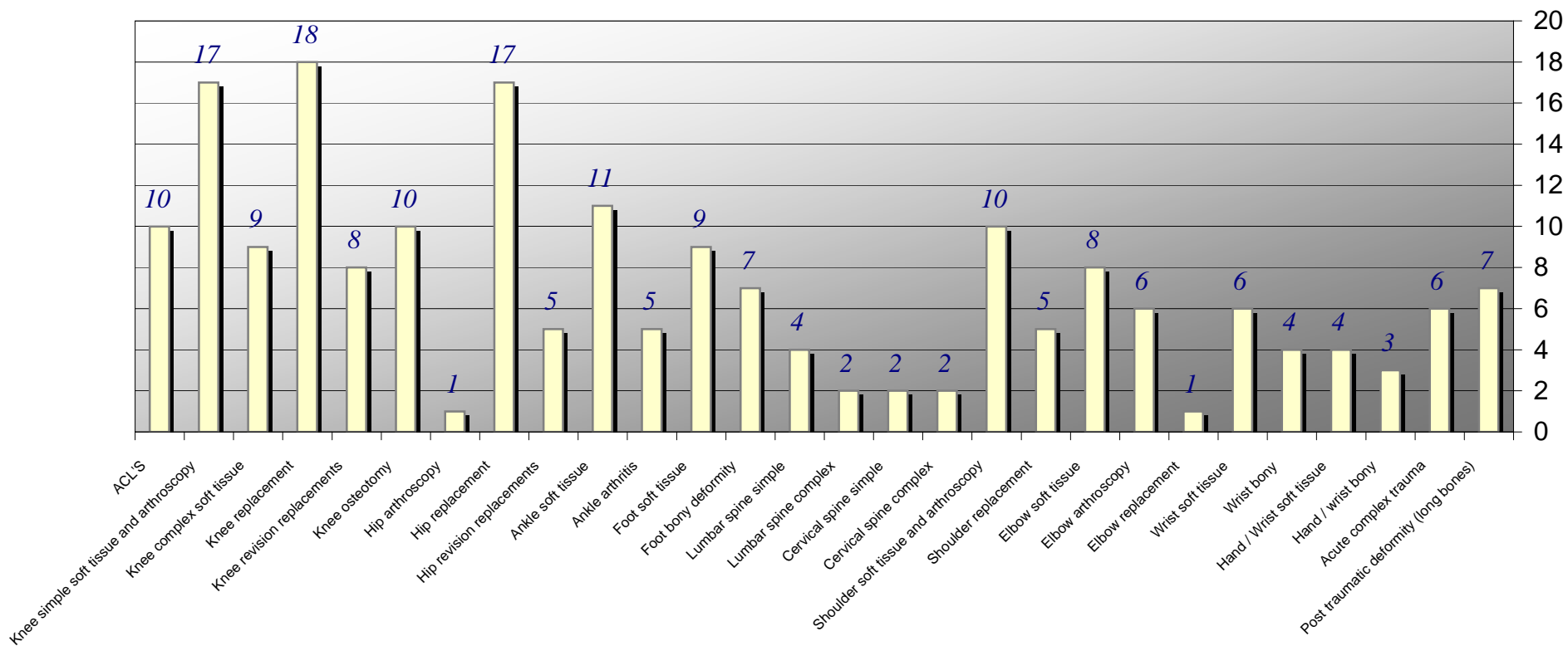
Non-operative Management Attempted:

	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"/>
Is this patient wishing to pursue surgery?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> patient uncertain					

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)

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