

# Rebalance<sup>MD</sup> Physician Referral Form

Orthopaedic Surgery - Physical and Rehabilitation Medicine - Sports Medicine

Phone 250 940 4444 Fax 250 385 9600

<b>PATIENT INFORMATION:</b> (affix label or complete) Name: PHN: DOB: Address: Home Phone: Alternate Phone: Email: Secondary Contact: WCB Claim # if applicable:		<b>REFERRING PHYSICIAN:</b> (affix label or complete) Name: MSP: Address: Phone: Fax: If applicable, Walk in Clinic Name:  <b>FAMILY PHYSICIAN:</b> (if not referring MD)	
<b>DATE:</b>	<b>Patient to see "First Available Appropriate Surgeon Triage (FAAST)"?</b> <input type="checkbox"/> Yes. <input type="checkbox"/> No. Prefer to see Dr.:	<b>ACUTE MSK CLINIC?</b> <input type="checkbox"/> Yes. <b>Date of Injury:</b>	
<b>Duration of Symptoms:</b> <input type="checkbox"/> <6 weeks <input type="checkbox"/> > 6 weeks <b>Severity of Symptoms:</b> <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <b>Body Part:</b> <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Foot/ Ankle <input type="checkbox"/> Shoulder/Elbow/Wrist <input type="checkbox"/> Other:			
<b>URGENT REFERRALS:</b> Patients that require assessment within 30 days e.g. suspicion of <i>tumour, infection or fracture</i> are considered URGENT REFERRALS and should be discussed with the on call Orthopaedic surgeon via the office or VIHA Switchboard (250 370 8699)			
<b>REASON FOR REFERRAL:</b> include diagnosis & treatment to date.			Letter Attached <input type="checkbox"/>
<b>MEDICAL &amp; SURGICAL HISTORY:</b> History attached <input type="checkbox"/>		<b>MEDICATIONS:</b> List Attached <input type="checkbox"/>	
		<b>ALLERGIES:</b> List Attached <input type="checkbox"/>	
<b>ADULT PATIENTS REQUIRE MEDICAL IMAGING FOR TRIAGE</b> <b>Have x-rays of affected area been obtained?</b> <input type="checkbox"/> Yes, report attached <input type="checkbox"/> No – Please be advised this referral CANNOT be triaged unless exceptional circumstances are indicated below:			

Upon review, receipt of referral will be confirmed via fax to referring physician's office. An approximate wait for the appointment will be indicated. Patients will be contacted by surgeon's office to schedule appointment. Referring physicians will be advised by fax of appointment date once scheduled.