

# 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: <span style="margin-left: 150px;">Gender:</span> Address: Home Phone: Alternate Phone: Email: Secondary Contact: <b>WCB Claim # if applicable:</b>	<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 Specialist 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>
--------------	---	---

**Duration of Symptoms:**  <6 weeks  > 6 weeks   
 **Severity of Symptoms:**  Mild  Moderate  Severe  
**Body Part:**  Hip  Knee  Foot/ Ankle  Shoulder/Elbow  Other:

**URGENT REFERRALS:** Patients that require assessment within 30 days e.g. suspicion of *tumour, infection or fracture* are considered URGENT REFERRALS and should be discussed with the on call Orthopaedic surgeon via the office or VIHA Switchboard (250 370 8699)

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

  
  
  
  
  
  
  
  
  
  

<b>MEDICAL &amp; SURGICAL HISTORY:</b> <span style="float: right;">History attached <input type="checkbox"/></span>	<b>MEDICATIONS:</b> <span style="float: right;">List Attached <input type="checkbox"/></span>
	<b>ALLERGIES:</b> <span style="float: right;">List Attached <input type="checkbox"/></span>

**ADULT PATIENTS REQUIRE MEDICAL IMAGING FOR TRIAGE**

**Have x-rays of affected area been obtained?**

Yes, report attached

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.