

PATIENT'S HOME ZONE

☐ Eastern Urban ☐ Eastern Rural ☐ Western ☐ Central ☐ Labrador-Grenfell

REFERRAL FOR (select one — complete matching section on appropriate page)

☐ General Orthopedics ☐ From Emerg to Outpatient Orthopedics ☐ Neuropathic Foot Clinic ☐ Injection Clinic

A — GENERAL ORTHOPEDICS (pages 1–4)

Is this an urgent referral that should be seen within 7 days? ☐ Yes ☐ No

Is this referral the result of a consult with the Orthopedic Surgeon on call? ☐ Yes ☐ No

Does the patient have any mobility concerns? ☐ Yes ☐ No

Problem Area (select one — complete matching block below or on pages 2–4):

☐ Elbow ☐ Knee ☐ Shoulder ☐ Spine ☐ Foot/Ankle ☐ Wrist/Hand ☐ Hip

ELBOW

Has an AP/lateral x-ray of the affected area been completed within the last six months?

☐ Yes ☐ N/A

Laterality:

☐ Left ☐ Right ☐ Bilateral

Reason for Referral:

☐ Fracture ☐ Infection ☐ Tumor ☐ Dislocation ☐ Tendon Rupture ☐ Ligament Injury ☐ Soft Tissue Tear
☐ Joint Derangement ☐ Osteoarthritis ☐ Other

Duration & Onset:

☐ Acute Onset ☐ 3-6 Months ☐ 6-12 Months ☐ >12 Months

Treatment to Date:

☐ Injection(s) ☐ Pain Medications ☐ Physiotherapy ☐ Previous Orthopedic Surgery ☐ Other

History of Present Condition:

Referral Type:

☐ New Referral ☐ Update to Existing Referral

Comments:

KNEE

Has an x-ray (AP weight bearing, lateral OR skyline) been completed within the last six months?

☐ Yes

Laterality:

☐ Left ☐ Right ☐ Bilateral

Reason for Referral:

☐ Fracture ☐ Infection ☐ Tumor ☐ Dislocation ☐ Tendon Rupture ☐ Ligament Injury ☐ Soft Tissue Tear
☐ Joint Derangement ☐ Osteoarthritis ☐ Other

Duration & Onset:

☐ Acute Onset ☐ 3-6 Months ☐ 6-12 Months ☐ >12 Months

Treatment to Date:

☐ Injection(s) ☐ Pain Medications ☐ Physiotherapy ☐ Previous Orthopedic Surgery ☐ Other

History of Present Condition:

Referral Type:

☐ New Referral ☐ Update to Existing Referral

Comments:

SHOULDER

Has an AP/lateral x-ray of the affected area been completed within the last six months?

☐ Yes ☐ N/A

Laterality:

☐ Left ☐ Right ☐ Bilateral

Reason for Referral:

☐ Fracture ☐ Infection ☐ Tumor ☐ Dislocation ☐ Tendon Rupture ☐ Ligament Injury ☐ Soft Tissue Tear
☐ Joint Derangement ☐ Osteoarthritis ☐ Other

Duration & Onset:

☐ Acute Onset ☐ 3-6 Months ☐ 6-12 Months ☐ >12 Months

Treatment to Date:

☐ Injection(s) ☐ Pain Medications ☐ Physiotherapy ☐ Previous Orthopedic Surgery ☐ Other

History of Present Condition:

Referral Type:

☐ New Referral ☐ Update to Existing Referral

Comments:

FOOT / ANKLE

Has an AP weight bearing x-ray of the lateral ankle/foot been completed within the last six months?

☐ Yes

Laterality:

☐ Left ☐ Right ☐ Bilateral

Reason for Referral:

☐ Fracture ☐ Infection ☐ Tumor ☐ Dislocation ☐ Tendon Rupture ☐ Ligament Injury ☐ Soft Tissue Tear
☐ Joint Derangement ☐ Osteoarthritis ☐ Other

Duration & Onset:

☐ Acute Onset ☐ 3-6 Months ☐ 6-12 Months ☐ >12 Months

Treatment to Date:

☐ Injection(s) ☐ Pain Medications ☐ Physiotherapy ☐ Previous Orthopedic Surgery ☐ Other

History of Present Condition:

Referral Type:

☐ New Referral ☐ Update to Existing Referral

Comments:

WRIST / HAND

Has an AP/lateral x-ray of the affected area been completed within the last six months?

☐ Yes ☐ N/A

Laterality:

☐ Left ☐ Right ☐ Bilateral

Reason for Referral:

☐ Fracture ☐ Infection ☐ Tumor ☐ Dislocation ☐ Tendon Rupture ☐ Ligament Injury ☐ Soft Tissue Tear
☐ Joint Derangement ☐ Osteoarthritis ☐ Other

Duration & Onset:

☐ Acute Onset ☐ 3-6 Months ☐ 6-12 Months ☐ >12 Months

Treatment to Date:

☐ Injection(s) ☐ Pain Medications ☐ Physiotherapy ☐ Previous Orthopedic Surgery ☐ Other

History of Present Condition:

Referral Type:

☐ New Referral ☐ Update to Existing Referral

Comments:

HIP

Has an x-ray (AP pelvis, center to pubis OR AP/lateral of proximal half of affected femur) been completed within the last six months?

☐ Yes

Laterality:

☐ Left ☐ Right ☐ Bilateral

Reason for Referral:

☐ Fracture ☐ Infection ☐ Tumor ☐ Dislocation ☐ Tendon Rupture ☐ Ligament Injury ☐ Soft Tissue Tear

☐ Joint Derangement ☐ Osteoarthritis ☐ Other

Duration & Onset:

☐ Acute Onset ☐ 3-6 Months ☐ 6-12 Months ☐ >12 Months

Treatment to Date:

☐ Injection(s) ☐ Pain Medications ☐ Physiotherapy ☐ Previous Orthopedic Surgery ☐ Other

History of Present Condition:

Referral Type:

☐ New Referral ☐ Update to Existing Referral

Comments:

SPINE

Has an x-ray of the appropriate section of the spine been completed within the last six months?

☐ Yes

Problem Area(s) of Spine (select all that apply):

☐ Cervical ☐ Lumbar ☐ Thoracic

Deficit(s) (select all that apply):

☐ None ☐ Numbness ☐ Pain ☐ Referred Pain ☐ Weakness

Reason for Referral:

☐ Fracture ☐ Infection ☐ Tumor ☐ Dislocation ☐ Joint Derangement ☐ Soft Tissue Tear

Is there any bladder or bowel dysfunction?

☐ No Bowel/Bladder Dysfunction ☐ Bowel/Bladder Dysfunction Present

Duration & Onset:

☐ Acute ☐ 3-6 Months ☐ 6-12 Months ☐ >12 Months

Treatment to Date:

☐ Injection(s) ☐ Pain Medications ☐ Physiotherapy ☐ Previous Orthopedic Surgery ☐ Other

History of Present Condition:

Referral Type:

☐ New Referral ☐ Update to Existing Referral

Comments:

B — FROM EMERG TO OUTPATIENT ORTHOPEDICS

Has patient been seen in the Emergency Department? ☐ Yes ☐ No

Problem Area:

☐ Shoulder ☐ Elbow ☐ Wrist/Hand ☐ Spine ☐ Hip ☐ Knee ☐ Foot/Ankle

Has the patient been casted? ☐ Yes ☐ No

History of Present Condition:

Referral Type:

☐ New Referral ☐ Update to Existing Referral

Comments:

C — NEUROPATHIC FOOT CLINIC

Does the patient have any of the following signs/symptoms of Systemic Infection or Necrotizing Soft Tissue Infection? (select all that apply)

☐ altered LOC

☐ chills

☐ crepitus

☐ fever

☐ hypotension

☐ pain out of proportion

☐ progressive erythema

☐ skin blistering

☐ skin discoloration

☐ tachycardia

☐ tachypnea

☐ None

If any selected above (except 'None'):

SEND PATIENT TO EMERGENCY DEPARTMENT

History of Present Condition:

Referral Type:

☐ New Referral ☐ Update to Existing Referral

Comments: