Richmond ORTHOPAEDICS & SPORTS MEDICINE

www.richmondorthopaedic.com

Please fax all referrals to our Central Booking
Referral Fax: 604-394-2569

Date:

Patient Information:
Surname:
Given Name(s):
PHN: Gender: ☐ M ☐ F
DOB: WCB Claim No:
Cell Phone: ICBC Claim No:
Home Phone:
Email Address:

Has this patient been referred before? ☐ Y ☐ N
Name of previous orthopaedic surgeon:

Referring Physician Information:
Name:
MSP #:
Phone:
Fax:
Email:

Referral Priority Request:

URGENT REFERRALS: Referrals regarding acute fracture, infection, or tumor, please contact the orthopaedic surgeon on call at 604-207-9119 OR 604 270-0164

☐ **Routine Referral** *(see www.pathwaysbc.ca for the most current wait times per specialist)*
☐ **Urgent Referral (within 2 weeks)** *Please describe the reason for urgent assessment below*

Referral For (body part):

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

- ☐ Injury
- ☐ Tear
- ☐ Arthritis
- ☐ Instability
- ☐ Pain NYD
- ☐ Other

- ☐ Acute (<6 weeks)
- ☐ Chronic (>6 weeks)
- ☐ Recurrent

- ☐ Right
- ☐ Left
- ☐ Bilateral

Referral For (treatment option):

- ☐ Assessment for surgery
- ☐ Non-surgical treatment
- ☐ Diagnosis
- ☐ Injection
- ☐ 2nd opinion (include copies of previous opinions)

Referral Request To:

- ☐ **FIRST AVAILABLE ORTHOPAEDIC PHYSICIAN**
- ☐ **Dr. Erik Calvert:** Foot/Ankle reconstruction, Knee arthroscopy, ACL, Knee arthroplasty, Trauma
- ☐ **Dr. James Douglas**: Shoulder, Knee (excluding arthroplasty), Sports Injuries, Trauma
- ☐ **Dr. Mark Gatha**: Sports injury, Adult Hip and Knee Arthroplasty (including Partial Knee), Trauma
- ☐ **Dr. Chad Johnson**: Adult Hip & Knee Arthroplasty including partial knee, Knee Arthroscopy, Trauma
- ☐ **Dr Richard Kendall**: Adult Hip & Knee Arthroplasty (including Partial knee), Knee arthroscopy, Trauma
- ☐ **Dr. Fay Leung**: Shoulder, Hip arthroscopy, Knee (excluding arthroplasty), Trauma
- ☐ **Dr. Thomas Lu**: Adult Hip & Knee Arthroplasty, Knee arthroscopy, Upper extremity, Trauma
- ☐ **Dr. Kristen Taunton**: Non-operative Orthopaedics- shoulder, knee, hip, sports injury
- ☐ **Dr. Kenneth Hughes**: Non-operative Orthopaedics- Adult hip & knee osteoarthritis; shoulder, knee, foot

Imaging Requirement: *Please attach copies of ALL previous imaging reports. This referral CANNOT be properly triaged without appropriate X-ray reports. If you are unsure which images to send, please see our website for the list of appropriate investigations per area of injury.*

☐ X-Ray	Facility Location:	Date:
☐ MRI	Facility Location:	Date:
☐ Other	Facility Location:	Date:

Past Medical Hx:

☐ Previous Medical/Surgical Hx:

☐ Current Medications:

Reason for Referral: Provide a brief description of provisional diagnosis, symptoms, and treatment to date