



Rapid Access Spinal Clinic  
 Lions Gate Hospital  
 231 East 15<sup>th</sup> Street  
 North Vancouver, BC  
 V7L2L7  
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## Lions Gate Hospital Rapid Access Spinal Clinic (RASC) Referral Form

**The purpose of the RASC is to offer timely assessments of patients who may benefit from spine surgery. The RASC does not medically manage complex pain.**

All referrals are pre-screened by a neurosurgeon to ensure the referral criteria have been met. The neurosurgeons will then decide, based on a review of the patients' medical imaging results, the appropriate time frame in which a patient should be seen. Please inform patients that we will contact them to arrange a consultation appointment. Please note that all incomplete referrals (sections below are incomplete or recent CT/MR reports are not attached) will be sent back.

In view of the high volume of patients being referred to the RASC, we are unable to accept the following referrals:

- Insufficient clinical information indicating reason for referral and/or surgical concern
- Chronic history
- Recent (<1 year) CT or MR imaging report of the area of concern has not been forwarded
- CT or MR imaging reports no obvious surgical pathology
- Spine surgeon involved in patient's spinal care
- ICBC claim
- WCB claim
- Cauda equina syndrome is a surgical emergency, a faxed referral suggesting this diagnosis is not appropriate

<input type="checkbox"/> Dr. Shahid Gul	<input type="checkbox"/> Dr. Ryan Janicki	<input type="checkbox"/> First Available Surgeon
<input type="checkbox"/> Dr. Ramesh Sahjpaul	<input type="checkbox"/> Dr. Danny Mendelsohn	

### 1. Patient Demographic Information

Name: \_\_\_\_\_ Gender:  F  M  
 DOB: \_\_\_\_\_ PHN: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_

### 2. Referring Physician

Name: \_\_\_\_\_ Billing Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### 3. Clinical History – THIS SECTION MUST BE COMPLETED IN FULL

<input type="checkbox"/> motor vehicle accident in past 2 years	
<input type="checkbox"/> worksafe BC claim	
Previous spine surgery procedure:	Year:
Name of previous surgeon:	
<b>Cervical:</b>	<b>Lumbar:</b>
<input type="checkbox"/> right arm pain	<input type="checkbox"/> right leg pain
<input type="checkbox"/> left arm pain	<input type="checkbox"/> left leg pain
<input type="checkbox"/> myelopathy	<input type="checkbox"/> neurogenic claudication
<input type="checkbox"/> neck pain	<input type="checkbox"/> back pain
<b>Duration of symptoms:</b>	<b>Duration of Symptoms:</b>

### 4. Medical Imaging

**All cervical referrals require an MRI report (within 1 year)**  
**All lumbar referrals require a CT or MRI report (within 1 year)**

**Additional Comments:**