

DATE: _____

PLEASE FAX TO: 778-945-6775

<p>PATIENT INFORMATION (AFFIX LABEL/ COMPLETE)*</p> <p>NAME: _____</p> <p>DOB (Y/M/D): _____</p> <p>PHN: _____</p> <p>PHONE: _____</p> <p>EMAIL*: _____</p>	<p>REFERRING PHYSICIAN (AFFIX LABEL/COMPLETE)</p> <p>NAME: _____</p> <p>MSP #*: _____</p> <p>ADDRESS: _____</p> <p>PHONE: _____</p> <p>FAX: _____</p>
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PLEASE CHECK ALL RELEVANT: Consult notes* OR reports* Imaging* or Imaging pending
 Outcome of orthotics, physiotherapy, injections Physical Examination Findings*

**Please provide all requested information. Patients are contacted via email to book their appointment and complete intake forms. Incomplete referrals (missing relevant documentation, no email, BILATERAL or more than ONE presenting issue) will be returned.*

<p>Patient to see FIRST AVAILABLE APPROPRIATE doctor? **</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO: Prefer to see Dr. _____</p> <p>Duration of Symptoms (Circle): 8-12 Wks 3-12 Mos 12+ Mos</p> <p><i>**All referrals are managed by our Centralized Intake System & triaged by physicians to ensure your patients obtain an appointment with the first-available, most-appropriate physician.</i></p>	<p>Acute MSK Injury Clinic?</p> <p>Date of Injury: _____</p> <p>WCB/ICBC Claim #: _____</p> <p>Patients requiring assessment within 15 days (ie: suspicion of infection or fracture) should call our office directly the next business day to follow up on the faxed referral.</p>
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REASON FOR REFERRAL

<p><input type="checkbox"/> KNEE <input type="checkbox"/> SHOULDER</p> <p><input type="checkbox"/> HIP <input type="checkbox"/> ELBOW</p> <p><input type="checkbox"/> FOOT <input type="checkbox"/> WRIST</p> <p><input type="checkbox"/> ANKLE <input type="checkbox"/> HAND</p> <p><input type="checkbox"/> OTHER: _____</p> <p>LATERALITY: <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT</p> <p><i>*WE DO NOT ACCEPT REFERRALS FOR BILATERAL PRESENTING ISSUES – PLEASE SELECT LATERALITY.</i></p>	<p>Dx: _____</p> <p>Rx: _____</p> <p>Investigations: _____</p> <p>Previous Medical/Surgical Hx: _____</p> <p>Medications: _____</p>
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PATIENT APPOINTMENT PREFERENCE: IN PERSON VIRTUAL

OUR PHYSICIANS-OFFERING COMPLETE MUSCULOSKELETAL CARE

Foot/Ankle Orthopaedic Surgeons: Dr. Murray Penner, Dr. Hooman Sadr (*foot/ankle/knee/hip*, Dr. Andrea Veljkovic (*foot/ankle/knee*)*, Dr. Alastair Younger and Dr. Kevin Wing

Foot/Ankle Orthopaedic Specialists: Dr. Michelle Brousson, Dr. Teri Fisher & Dr. Alireza Hootkani

Sports Medicine: Dr. Sara Forsyth & Dr. Mike Wilkinson

Knee/Shoulder/Hip/Elbow/Sports* Orthopaedic Surgeons: Dr. Jordan Leith*

Hand/Wrist/Elbow Orthopaedic Surgeon: Dr. Braden Gammon

Footbridge Centre for Integrated Orthopaedic Care Inc.

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