

**PATIENT INFORMATION (AFFIX LABEL/ COMPLETE) \***

NAME: \_\_\_\_\_  
 DOB (Y/M/D): \_\_\_\_\_  
 PHN: \_\_\_\_\_  
 PHONE\* #: \_\_\_\_\_  
 EMAIL\*: \_\_\_\_\_

**REFERRING PHYSICIAN (AFFIX LABEL/COMPLETE)**

NAME: \_\_\_\_\_  
 MSP Billing #\*: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_  
 FAX #: \_\_\_\_\_

- \*Cell phones and emails are required.
- Receipt of referral will be confirmed by fax to referring physician's office. Our office will contact patient to book appointment.
- Patients are contacted via email to book their appointment and sent intake forms to complete prior to their appointment.
- Please ask your patients to refrain from calling our office enquiring about their referrals and wait times.

**FIRST AVAILABLE APPROPRIATE doctor? (Shortest wait time)**

YES     NO: Prefer to see Dr. \_\_\_\_\_  
 (See wait times on website)

Duration of Symptoms (Circle):    **8-12 Weeks**    **3-12 Months**    **12+ Months**

\*\*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.

**ACUTE MUSCULOSKELETAL INJURY CLINIC?**

Date of Injury: \_\_\_\_\_

WCB/ICBC Claim #: \_\_\_\_\_

Sports related injury?     Yes     No

Patients requiring assessment within 15 days (e.g.: suspicion of infection or fracture) should call our office directly the next business day to follow up on the faxed referral. Direct Line: 778-945-9419

**REASON FOR REFERRAL**

- KNEE
- HIP
- SHOULDER/ELBOW
- WRIST/HAND
- ANKLE/FOOT
- OTHER: \_\_\_\_\_

LATERALITY:     RIGHT     LEFT

\*WE DO NOT ACCEPT REFERRALS FOR BILATERAL PRESENTING ISSUES – PLEASE SELECT LATERALITY.

**PATIENT'S PROBLEM & DIAGNOSIS:**

Letter attached

All patients require medical imaging for triage. Have x-rays of affect area been obtained?

Yes, report(s) attached     No / Imaging pending: \_\_\_\_\_

Current Medications:     Attached

Allergies:     Attached

Please attach relevant previous consultations, surgical reports and past medical history summary.

**OUR PHYSICIANS-OFFERING COMPLETE MUSCULOSKELETAL CARE**

**Sport Orthopaedic Surgeons:** Dr. Jordan Leith (Shoulder, Elbow, Hip & Knee), Dr. Andrea Veljkovic (Knee & Ankle), Dr. Keith Stothers (Knee) and Dr. Lindsay Anderson (Knee, Shoulder & Elbow)

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

**Hip & Knee Arthroplasty Orthopaedic Surgeons:** Dr. Keith Stothers and Dr. Hooman Sadr

**Foot/Ankle Orthopaedic Surgeons:** Dr. Andrea Veljkovic, Dr. Alastair Younger, Dr. Murray Penner, Dr. Kevin Wing, Dr. Hooman Sadr and Dr. Oliver Gagne

**Special Interest in Primary Care Orthopaedics Foot/Ankle:** Dr. Alireza Hootkani

