ORTHOPAEDIC REFERRAL FORM

FAX: 902-425-2725, 1-877-334-3039

Urgent Cases - Call The Staff Surgeon

PHONE NUMBERS ON NEXT PAGE OR GO TO http://goo.gl/lXlQac

Please Print Clearly in the Boxes Provided in ***black ink*** - Thank You

REFERRING PHYSICIAN'S INFORMATION / AFFIX *LABEL*

FIRST NAME

LAST NAME

CPSNS #

PHONE

FAX

DATE FAXED
(YYYY-MM-DD)

PATIENT'S INFORMATION

GENDER ☐ MALE ☐ FEMALE Middle Initial

FIRST NAME

LAST NAME

DATE OF BIRTH
(YYYY-MM-DD)

HEALTH CARD #

HOME PHONE #

ADDRESS

ADDRESS 2

CITY

PROVINCE

POSTAL CODE

WORK PHONE #

CHOOSE A SURGEON

CIRCLE ONE

ARTHROPLASTY
HIPS AND KNEES

New hip & knee referral form:
www.nshealth.ca/files/oac-provincial-referral-fillable

SPINE
DR. A GLENNIE
DR. W OXNER
☐ NEXT AVAILABLE

TUMOUR
DR. M BIDDULPH
DR. M GROSS

TRAUMA
DR. C COLES
DR. R LEIGHTON
DR. A TRENHOLM

GENERAL
DR. M GROSS
DR. G REARDON

SPORTS
DR. C COADY *(KNEE, SHOULDER)*
DR. I WONG *(HIP, KNEE, SHOULDER)*
DR. M GLAZEBROOK
DR. R LEIGHTON

LOWER EXTREMITY
FOOT AND ANKLE
DR. M GLAZEBROOK
DR. J MORASH

UPPER EXTREMITY
SHOULDER, ELBOW, WRIST AND HAND
DR. D JOHNSTON
DR. A TRENHOLM

DARTMOUTH GENERAL HOSPITAL

For Arthroplasty, See new form above.

DR. D LEGAY
SPORTS: *HIP, KNEE, UPPER*

DR. B O'Neill
ARTHROPLASTY: *HIP, KNEE*

DR. D O'BRIEN
ARTHROPLASTY, SPORTS: *KNEE,* **GENERAL**

DR. N URQUHART
SPORTS: *SHOULDER, HIP, KNEE,* **ARTHROPLASTY**

DR. D Smith
ARTHROPLASTY: *HIP, KNEE*

DR. J Leighton
ARTHROPLASTY: *HIP, KNEE*

DIAGNOSIS / SYMPTOMS - MORE DATA EXPEDITES THE REFERRAL

PLEASE PROVIDE CLINICAL DETAILS IN **ATTACHED LETTER** WITH SUMMARY BELOW

X-RAY / CT / MRI / BONE SCAN

☐ X-RAY ☐ CT ☐ MRI ☐ BONE SCAN

CURRENT DIAGNOSTIC IMAGING IS MANDATORY FOR REFERRAL TO BE PROCESSED

Attach report to expedite the referral

PATIENT TYPE

HCN ☐☐☐☐☐☐☐☐☐☐ PROV ☐☐ EXP ☐☐-☐☐

[*REGIMENTAL # FOR MILITARY OR RCMP*]

Illness / injury related to an accident of any type? ☐ YES ☐ NO

If YES, is it work related, [WCB]? ☐ YES ☐ NO

Illness / injury related to a pensionable condition [DVA]? ☐ YES ☐ NO