



DT9295

ORTHOPEDIC CONSULTATION ADULT

Note: Refer to the clinical alerts on the back of the form and favor, if available, the protocols of the Accueil Clinique before filling it out.

Patient's first and last name			
Health insurance number		Year	Month
		Expiry	
Parent's first and last name			
Area code	Phone number	Area code	Phone number (alt.)
Address			
Postal code			

Reason for consultation **Clinical priority scale:** **A: ≤ 3 days** **B: ≤ 10 days** **C: ≤ 28 days** **D: ≤ 3 months** **E: ≤ 12 months**

*** Treatment = 3 months of physiotherapy and 2 infiltrations done**

Shoulder	<input type="checkbox"/> Complete tears of the rotator cuff proven by MRI or ultrasound (patient < age 50) <i>(Prerequisite: MRI or ultrasound report)</i>	C	Foot/Ankle	<input type="checkbox"/> Complete Achilles' tendon rupture	B
	<input type="checkbox"/> Rotator cuff disease (bursitis, tendonitis, impingement, chronic rotator cuff tear, tendinosis) <i>(Prerequisite: treatment* failure and MRI or ultrasound report)</i>	D		<input type="checkbox"/> Persistent severe sprain ankle with treatment failure (symptoms persisting for over 2 months despite immobilization and physio) <i>(Prerequisite: x-ray and MRI)</i>	C
	<input type="checkbox"/> Recurrent shoulder dislocation with physiotherapy initiated <i>(Prerequisite: x-ray report, MRI arthrogram)</i>	D		<input type="checkbox"/> Disabling osteoarthritis of the ankle <i>(Prerequisite: treatment* failure and x-ray or MRI report)</i>	D
	<input type="checkbox"/> Disabling osteoarthritis of the shoulder <i>(Prerequisite: treatment* failure and x-ray report)</i>	D		<input type="checkbox"/> Hallux valgus or symptomatic hammer toes <i>(Prerequisite: x-ray report)</i>	E
Elbow	<input type="checkbox"/> Complete distal biceps tendon rupture	B	Others	<input type="checkbox"/> Minor acute non-displaced immobilized ¹ fracture or acute subluxation <i>(Prerequisite: x-ray)</i>	B
	<input type="checkbox"/> Epicondylitis and epitrochleitis <i>(Prerequisite: treatment* failure and ultrasound or MRI report)</i>	D		<input type="checkbox"/> Musculoskeletal tumors <i>(Prerequisite: x-ray)</i>	B
Knee	Complete rupture of tendon: <input type="checkbox"/> Patellar <input type="checkbox"/> Quadriceps	B	<input type="checkbox"/> Persistent severe wrist sprain (symptoms lasting over 2 months despite splint and physio) <i>(Prerequisite: MRI report and x-ray)</i>	C	
	<input type="checkbox"/> Cruciate ligament rupture with physiotherapy initiated <i>(Prerequisite: MRI report)</i>	C	<input type="checkbox"/> Disabling osteoarthritis of the hip <i>(Prerequisite: treatment* failure and x-ray report)</i>	D	
	<input type="checkbox"/> Acute or traumatic meniscal tear (< age 60) <i>(Prerequisite: MRI report)</i>	D	<input type="checkbox"/> Carpal tunnel or ulnar tunnel syndrome confirmed by EMG <i>(Prerequisite: EMG report)</i>	C	
	<input type="checkbox"/> Disabling osteoarthritis of the knee <i>(Prerequisite: treatment* failure and x-ray report)</i>	D			

<input type="checkbox"/> Other reason for consultation or clinical priority modification (MANDATORY justification in the next section):	Clinical priority
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Suspected diagnosis and clinical information (mandatory)	If prerequisite is needed:
	<input type="checkbox"/> Available in the QHR (DSQ) <input type="checkbox"/> Attached to this form <input type="checkbox"/> Treatment* failure

Special needs:

Referring physician identification and point of service		Stamp
Referring physician's name	Licence no.	
Area code Phone no.	Extension Area code Fax no.	
Name of point of service		
Signature	Date (year, month, day)	

Family physician: <input type="checkbox"/> Same as referring physician <input type="checkbox"/> Patient with no family physician	Registered referral (if required)
Family physician's name	If you would like a referral for a particular physician or point of service
Name of point of service	

Clinical alerts (non-exhaustive list)**Refer the patient to the Emergency-department**

- Open fracture with or without neurovascular complications
- Unreduced dislocation
- Compartment syndrome
- Septic arthritis
- Cauda equina syndrome

⁽¹⁾**Fracture immobilisation:**

For fracture immobilisation, you are encouraged not to refer patients to the Emergency-department, but rather to use the service corridors available in your area.