



DT9328

ADULT PHYSIATRY CONSULTATION PHYSICAL MEDICINE AND REHABILITATION

Note:

- 1- Refer to the clinical alerts on the back of the form and prioritize, if available, the protocols of the Accueil clinique before filing it out.
- 2- Only one section can be filled out per form.
- 3- Spinal injection under fluoroscopy, diagnostic ultrasound, and/or ultrasound guided injection, EMG.
If the service required is not offered in his region, the consultation will be redirected to the closest region where the given expertise exists in physiatry.

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: B : ≤ 10 days C : ≤ 28 days D : ≤ 3 months E : ≤ 12 months <i>For priority A consultations (≤ 3 days), do not send them to the CRDS; use the following corridors: specialist on call, accueil clinique, etc.</i>	
1. Consultation for musculoskeletal pathology	Upper limb	<input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist/hand
	Lower limb	<input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle/foot
	Spine	<input type="checkbox"/> Axial neck pain / Neck pain with arm pain <input type="checkbox"/> Thoracic pain <input type="checkbox"/> Low back pain / Low back pain with sciatica or leg pain
	<input type="checkbox"/> Condition has been present for less than 1 year D <input type="checkbox"/> Condition has been present for more than 1 year E <input type="checkbox"/> Opinion regarding possible injection	
2. Consultation for peripheral nervous system pathology (ex: mononeuropathy) <i>Please specify the anatomical region in the diagnostic impression and clinical information.</i>	<input type="checkbox"/> Condition has been present for more than 4 weeks and less than 6 months. C	
	<input type="checkbox"/> Condition has been present for more than 6 months and less than 1 year. D	
	<input type="checkbox"/> Condition has been present for more than 1 year. E	
<input type="checkbox"/> Check here for EMG. <i>Must also check one of the 3 options above.</i>		
3. Consultation for spinal injection under fluoroscopy	Radicular pain <i>Prerequisite: CT scan or MRI</i>	<input type="checkbox"/> Condition has been present for more than 4 weeks and less than 6 months. C
		<input type="checkbox"/> Condition has been present for more than 6 months and less than 1 year. D
		<input type="checkbox"/> Condition has been present for more than 1 year. E
	Axial spinal pain <i>Prerequisite: standard radiograph</i>	<input type="checkbox"/> Condition has been present for more than 4 weeks and less than 1 year. D
		<input type="checkbox"/> Condition has been present for more than 1 year. E
4. Consultation for diagnostic ultrasound and/or ultrasound guided injection <i>Prerequisite : standard radiograph</i>	<input type="checkbox"/> Soft tissue pathology upper limb, lower limb. <i>Condition has been present for more than 4 weeks and less than 1 year</i> D	
	<input type="checkbox"/> Soft tissue pathology upper limb, lower limb. Condition has been present for more than 1 year. E	
<input type="checkbox"/> Other reason for consultation or clinical priority modification (MANDATORY justification in the next section) :		Clinical priority
Suspected diagnosis, clinical information and attempted medical treatments/care (mandatory)		If prerequisite is needed:
Symptom onset: (year, month)		<input type="checkbox"/> Available in the QHR
		<input type="checkbox"/> Attached to this form
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**

- Cauda Equina Syndrome
- Footdrop within 48 h onset
- Rapidly progressive myelopathy
- Septic arthritis
- Acute severe functional deficit (unable to walk and to perform activities of daily living)