Santé et Services sociaux Québec

DT9328

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

# 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.**

| **Reason for consultation** | **Clinical priority scale: B : ≤ 10 days C : ≤ 28 days D : ≤ 3 months E : ≤ 12 months** *For priority A consultations (≤ 3 days), do not send them to the CRDS; use the following corridors: specialist on call, accueil clinique, etc.* | | | |
|---|---|---|---|---|
| 1. Consultation for musculoskeletal pathology | Upper limb | ☐ Shoulder | ☐ Elbow | ☐ Wrist/hand |
| | Lower limb | ☐ Hip | ☐ Knee | ☐ Ankle/foot |
| | Spine | ☐ Axial neck pain / Neck pain with arm pain | ☐ Thoracic pain | ☐ Low back pain / Low back pain with sciatica or leg pain |
| | ☐ Condition has been present for less than 1 year **D** | | ☐ Condition has been present for more than 1 year **E** | |
| | ☐ Opinion regarding possible injection | | | |
| 2. Consultation for peripheral nervous system pathology (ex: mononeuropathy) *Please specify the anatomical region in the diagnostic impression and clinical information.* | ☐ Condition has been present for more than 4 weeks and less than 6 months. **C** | | | |
| | ☐ Condition has been present for more than 6 months and less than 1 year. **D** | | | |
| | ☐ Condition has been present for more than 1 year. **E** | | | |
| | ☐ **Check here for EMG.** *Must also check one of the 3 options above.* | | | |
| 3. Consultation for spinal injection under fluoroscopy | Radicular pain *Prerequisite: CT scan or MRI* | ☐ Condition has been present for more than 4 weeks and less than 6 months. **C** | | |
| | | ☐ Condition has been present for more than 6 months and less than 1 year. **D** | | |
| | | ☐ Condition has been present for more than 1 year. **E** | | |
| | Axial spinal pain *Prerequisite: standard radiograph* | ☐ Condition has been present for more than 4 weeks and less than 1 year. **D** | | |
| | | ☐ Condition has been present for more than 1 year. **E** | | |
| 4. Consultation for diagnostic ultrasound and/or ultrasound guided injection *Prerequisite : standard radiograph* | ☐ Soft tissue pathology upper limb, lower limb. *Condition has been present for more than 4 weeks and less than 1 year* **D** | | | |
| | ☐ Soft tissue pathology upper limb, lower limb. Condition has been present for more than 1 year. **E** | | | |

☐ **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)**

Symptom onset: (year, month)

**Special needs:**

**If prerequisite is needed:**

☐ **Available in the QHR**

☐ **Attached to this form**

**Referring physician identification and point of service**

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)

Stamp

**Family physician:** ☐ **Same as referring physician** ☐ **Patient with no family physician**

Family physician's name

Name of point of service

**Registered referral (if required)**

If you would like a referral for a particular physician or 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)