



DT9328

ADULT PHYSIATRY CONSULTATION PHYSICAL MEDICINE AND REHABILITATION

Note:

- 1- Refer to the clinical alerts on the back of the form and favor, if available, the protocols of the Accueil clinique before filing it out.
- 2- Advise the user to bring a CD-ROM of the images for appointment with the specialist.

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			

Step 1 – Clinical Presentation	
<input type="checkbox"/> Cervical pain (Prerequisite: x-ray report)	<input type="checkbox"/> Shoulder problems (Prerequisite: x-ray report and specify symptoms)
<input type="checkbox"/> Cervico-brachialgia (Prerequisite: x-ray report – Recommended: MRI)	<input type="checkbox"/> Hand, wrist, or elbow problems (Prerequisite: x-ray report and specify symptoms)
<input type="checkbox"/> Thoraco-lumbar pain (Prerequisite: x-ray report)	<input type="checkbox"/> Hip problems (Prerequisite: x-ray report and specify symptoms)
<input type="checkbox"/> Lumbosciatalgia (Prerequisite: x-ray report – Recommended: CT scan or MRI)	<input type="checkbox"/> Knee problems (Prerequisite: x-ray report and specify symptoms)
<input type="checkbox"/> Compression neuropathy (Prerequisite: x-ray report and specify symptoms – EMG (if available))	<input type="checkbox"/> Foot or ankle problems (Prerequisite: x-ray report and specify symptoms)
<input type="checkbox"/> Other	
Step 2 – Clinical priority according to functional disability	
If you judge that a given situation merits a priority A or B (≤ 10 days), communicate with the physiatrist on call by telephone	
<input type="checkbox"/> Severe functional deficit: major impact on ADL and IADL	C (≤ 28 days)
<input type="checkbox"/> Moderate functional deficit (e.g. impact on sleep, work or leisure activities)	D (≤ 3 months)
<input type="checkbox"/> Mild functional deficit (mild but persistant)	E (≤ 12 months)
Step 3 – Reason for consultation	
General physiatry consultation	Physiatry consultation with specialized intervention
<input type="checkbox"/> Clarify diagnosis and provide treatment recommendations	<input type="checkbox"/> Diagnostic ultrasound or injection under ultrasound guidance
<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Spinal intervention under fluoroscopy
<input type="checkbox"/> Orthotic prescription	<input type="checkbox"/> EMG
<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Injection without radiologic guidance ¹
Step 4 – Prerequisites	
<input type="checkbox"/> New onset of functional deficits that are persistant despite standard conservative care: <ul style="list-style-type: none"> • ≥ 8-12 weeks for spinal or limb pain • ≥ 4-6 weeks for radicular pain 	Symptom onset Year Month Day
<input type="checkbox"/> x-ray of affected region – Recommended: MRI or CT Scan (attach report(s))	
Allergy to iodine: <input type="checkbox"/> Yes <input type="checkbox"/> No Anticoagulation: <input type="checkbox"/> Yes (specify reason) <input type="checkbox"/> No	
Suspected diagnosis and clinical information (mandatory)	
If prerequisite is needed: <input type="checkbox"/> Available in the QHR <input type="checkbox"/> Attached to this form <input type="checkbox"/> Persistant functional deficits despite conservative care	
Special needs:	
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)
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	

Legend

¹ Knee or shoulder injections without radiological guidance should ideally be send to primary care providers and not to specialists

Clinical alerts (non-exhaustive list)

Refer the patient to the Emergency-department

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