



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**

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

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

**Special needs:**

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

<b>Family physician:</b> <input type="checkbox"/> Same as referring physician <input type="checkbox"/> Patient with no family physician	<b>Registered referral (if required)</b>
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

<sup>(1)</sup>**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.