

REFERRAL FORM – Submit by fax: (250) 368-8886

First available surgeon

SURGEONS:

- Dr. Seth Bitting (shoulder, knee, & hip)
- Dr. Michel Hjelkrem (hip, knee, carpal tunnels & trigger fingers)
- Dr. Susan Ge (foot & ankle)
- Dr. Kirsten Hickie (hip & knee)

Note: Referral may be triaged to a non-surgeon MSK specialist after review.

For undifferentiated and non-operative MSK conditions, please directly consult:
Dr. Dale Dhaliwal (Sport & Exercise Medicine)
[View Profile on Pathways](#)

- MSK Pain Management
- Active rehab
- Workplace injuries and return to work planning
- Ultrasound-guided injections
- Custom bracing
- Pre-operative medical optimization

REFERRING PHYSICIAN: _____

REFERRING PHYSICIAN FAX: _____

For our office to communicate back to you.

PATIENT SUMMARY / PAST MEDICAL HISTORY MUST BE ATTACHED.

PATIENT DEMOGRAPHICS:

Patient Name: _____ Patient Phone Number(s): _____

Patient Date of Birth: _____ Patient Address: _____

Patient PHN: _____ Patient Email: _____

WORKPLACE INJURY: Yes No **WCB CLAIM # (if known):** _____

SIDE OF INJURY: Right Left

TENTATIVE DX:

DURATION OF SYMPTOMS: < 6 Weeks > 6 Weeks

SEVERITY OF SYMPTOMS: Mild Moderate Severe

RELEVANT IMAGING (XRAY must be attached. Referrals not accepted without XRAY.

All shoulder referrals require either an MRI or US):

- Ultrasound CT XRAY (**For foot/ankle must be weight bearing**)
- MRI Bone scan

- ATTEMPTED TX:** Physiotherapy Bracing Viscosupplementation injection
- Steroid injection Surgery Orthotics
- Other _____

ADDITIONAL COMMENTS: