



SURREY COMPREHENSIVE ORTHOPAEDICS

Date:

Central Booking Fax: 604-398-6356

Patient Information:

Name:
PHN:
DOB: DD/MM/YYYY Gender: ☐ M ☐ F
Home Phone:

Cell Phone:

Address:
City: Postal
Code:

Email:

WCB: ☐ No ☐ Yes → Claim #: DOI: DD/MM/YYYY

Diabetic: ☐ No ☐ Yes → ☐ Type 1 ☐ Type 2

Referring Physician Information:

Name:
MSP#:
Phone:
Fax:
Address:
City: Postal Code:
Email:
Has this patient been referred before? ☐ No ☐ Yes
Name of previous orthopaedic surgeon: Yes

HbA1C: Date of test: DD/MM/YYYY

Body Part:

☐ Hand/Wrist/Elbow ☐ Knee
☐ Shoulder ☐ Knee (sports med)
☐ Cervical Spine ☐ Hip
☐ Lumbar Spine ☐ Foot/Ankle

Side

☐ Right
☐ Left
☐ Bilateral

Emergent Referrals:

Please contact the
surgeon on call
directly, or via the
SMH Switchboard
604-581-2211

X-Ray Requirement:

****Please attach the requested X-ray reports**** or send patient for

requested imaging at FHA. This referral CANNOT be properly triaged without x-ray reports unless exceptional circumstances are present.

<input type="checkbox"/> Hand (AP, Lateral)	<input type="checkbox"/> Hip (Standing AP Pelvis, True Lateral)
<input type="checkbox"/> Wrist (Neutral Rotation, PA & Lateral with Oblique)	<input type="checkbox"/> Foot (Standing AP, Lateral, Oblique)
<input type="checkbox"/> Elbow (AP, Lateral, Transolecranon)	<input type="checkbox"/> Ankle (Standing AP, Lateral, Mortise)
<input type="checkbox"/> Shoulder (AP Int Rotation, AP Ext Rotation, Axillary, Supraspinatus Outlet)	<input type="checkbox"/> Lumbar Spine (Standing AP, Lateral)
<input type="checkbox"/> Knee (Standing AP, Lateral, Skyline, Standing Notch)	<input type="checkbox"/> Cervical Spine (Upright AP, Lateral, Flex/Ext)

Reason for Referral:

Pertinent Clinical Information:

Next available surgeon?

☐ YES
☐ NO - Select Specific Surgeon Below:

☐ BROWN Knee, Hip
☐ FROH Knee, Hip, General Orthopaedics
☐ JACKSON Knee, Hip, Hand, Wrist, Elbow
☐ LEE Knee, Shoulder
☐ MALOON Spine*, General Orthopaedics
☐ MATTHEW Knee, Hip, Foot, Ankle
☐ NADEAU Knee, Spine*
☐ NEUFELD Knee, Hip
☐ SCHWEIGE Knee, Hip
☐ L TELFER Shoulder

***Spine Referrals:** please fill out the
Spine Referral Form as well, located on our
website