



Rapid Orthopedic Consultation Clinic (ROCC) PACIFIC ORTHOPEDICS AND SPORTS MEDICINE

213 & 214 - 145 West 15th Street • North Vancouver • BC • V7M 1R9

Referring Doctor

MSP #

Patient Name

Date of Birth

Patient Phone #

PHN #

Body Part

- | | |
|---|---|
| <input type="checkbox"/> Foot and Ankle | <input type="checkbox"/> Shoulder |
| <input type="checkbox"/> Knee | <input type="checkbox"/> Elbow |
| <input type="checkbox"/> Hip | <input type="checkbox"/> Hand and Wrist |
| <input type="checkbox"/> Spine | |

Diagnosis

- Arthritis
 Fracture
 Soft Tissue Injury
 Other

Expedited Care

- Yes**, I would like expedited care. The initial consultation may involve an MSK screening physician.
 No, my patient will wait for the requested Orthopedic Surgeon

Orthopedic Surgeon

If you have no preference, please select the "First Available" box.

- | | |
|--|--------------------------------|
| <input type="checkbox"/> BAGGOO | (Hip, Knee, Foot, Ankle) |
| <input type="checkbox"/> JANDO | (Hip, Knee) |
| <input type="checkbox"/> PANAGIOTOPOULOS | (Hip, Knee) |
| <input type="checkbox"/> SIDKY | (Hip, Knee) |
| <input type="checkbox"/> THOMPSON | (Hip, Knee, Spine) |
| <input type="checkbox"/> VAISLER | (Shoulder, Elbow, Hand, Wrist) |
| <input type="checkbox"/> SABISTON | (Knee) |
| <input type="checkbox"/> PRETO | (Hip, Knee) |
| <input type="checkbox"/> ZARKADAS | (Shoulder, Elbow, Knee) |
| <input type="checkbox"/> FIRST AVAILABLE | |

Clinical Details

X-Ray Requirement

(Please order the requested X-ray prior to consultation)

- | | |
|---|--|
| <input type="checkbox"/> Hand and Wrist | (AP and Lateral) |
| <input type="checkbox"/> Elbow | (AP and Lateral) |
| <input type="checkbox"/> Shoulder | (AP, Lateral, Axillary) |
| <input type="checkbox"/> Spine | (Standing AP, Lateral) |
| <input type="checkbox"/> Hip | (Standing AP Pelvis, True Lateral) |
| <input type="checkbox"/> Knee | (Standing AP both knees, Lateral, Skyline) |
| <input type="checkbox"/> Ankle | (Standing AP, Lateral, Oblique) |
| <input type="checkbox"/> Foot | (Standing AP, Lateral, Oblique) |

X-Ray Location

- LGH
 North Shore Medical Imaging
 Other

Other Imaging

- MRI
 Ultrasound
 CT
 Nuclear Medicine

Location

We will contact the patient directly for an appointment.

Please fax this form to **(604) 980-0531**.

This form was created through a collaboration with the



North Shore
Division of Family Practice
A GPSC Initiative