

# Orthopedics Trauma Referral Form

Emergency Department: Tel: 604 875 2045 / Fax: 604 875 2275

<http://www.bcchildrens.ca/health-professionals/refer-a-patient/orthopaedics-referral>

Internal CST Referral

External Referral

## Section 1: Patient Demographics

This section must be completed for all requests.

Patient Name:

Surname

First Name

Initial

Phone (Home):

Address:

Phone (Work):

City:

Postal Code:

Phone (Cell):

PHN:

Birthdate:

Sex:

Does patient speak/understand English? Yes No If no, language spoken:

If no, please provide an alternate contact (name):

Alternate Contact No.

Referring Provider:

MSP ID:

Phone:

Fax:

Primary Care Physician: (if different from above)

MSP ID:

Phone:

Fax:

## Section 2: Relevant History & Examination Findings

Date of Injury/Symptoms Onset:

Date of ER Admission:

Mechanism of Injury:

Site:

Sub-Site:

Comment: \_\_\_\_\_

Left

Right

Area:

Proximal

Middle

Distal

Type: Greenstick Buckle Growth Plate Fracture Other: \_\_\_\_\_

Displacement: Yes No Minimal If Yes, Percentage: \_\_\_\_\_ %

Angulation: Yes No Minimal If Yes, Degree: \_\_\_\_\_

Open Fracture: Yes No If Yes, Grade: \_\_\_\_\_

X-Ray Finding: Confirmed Fracture Suspected Fracture

## Section 3: Emergency Treatment

Reduction Performed: Yes No

Intervention: Taping Collar and Cuff Arm Sling Back Slab Knee Brace Cast

If Casted: Above Knee Below Knee Above Elbow Below Elbow

Circumferential casts are typically better for children than backslabs unless you are concerned about swelling.

Orthopaedic Consultant in Emergency: Yes No If Yes, Consultant Name: \_\_\_\_\_

## Section 4: Instructions for Patient

1. All completed referral forms are reviewed and triaged on the next 2 business day.
2. The Trauma Clark will contact patient using the contact numbers provided, within one week.
3. Please all patients only call when they have not been contacted after 5 business days for appointment.
4. If the patient has not had X-Rays in BC hospitals, please attach the X-Ray reports to this Referral form.
5. For Cast issue, please contact to the Cast clinic 604 875 7836.
6. We will **NOT** see patients earlier for the application of waterproof casts.

### ADDITIONAL PATIENT INFORMATION

Physician/Referring Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Orthopedics Trauma Referral Form

**DO NOT FAX THIS SIDE when referring patients to BCCH. This is an Informational page for your use.  
Please Note: Referrals can not be processed unless all information is complete.**

## **Section 1: Patient Demographics**

Complete patient demographics and referring physician/provider information:

## **Section 2: Relevant History & Examination Findings**

It is an open-ended text box designed for documenting any relevant history and findings obtained from a variety of diagnostic tests. This may include results from X-rays, MRIs, or other medical devices. This space allows for detailed notes and observations that are crucial for comprehensive medical records. Additionally, describe the patient's current pain experience, which is crucial for accurate diagnosis and treatment planning.

## **Section 3: Emergency Treatment**

**Complete this section if the patient has relevant past medical or family history.**

If there is relevant medical history for the patient or their family, ensuring that significant health background information is recorded.

## **Section 4: Instructions for Patient**

This section outlines the instruction to the patients about the referral and next clinical visit.

**If required X-rays are not attached referral will be refused and returned.**

## **BCCH Clinics - Contact Information**

Choose which Clinic your patient wants to attend. If the chosen clinic is not available within set time frame patient will be given the option to attend an alternate clinic.

BCCH Vancouver

**Fax: 604 875 2275**

**Phone: 604 875 2345 ext 3187**

**\* New Referral Forms available on the BCHHR website at <http://www.bcchildrens.ca/health-professionals/refer-a-patient/orthopaedics-referral> or by calling 604 875 2345 ext 3187.**

For more information, please call the BCCH at 604 875 2345 ext 3187 or visit <http://www.bcchildrens.ca/>