CHEO ORTHOPEDICS FRACTURE & INJURY REFERRAL FORM

Referral Process

1. Please complete the form below for **FRACTURE & INJURY** consults. There is another form for other orthopedic concerns. Please be as detailed as possible. If there is not enough detail, the referral will be denied. Feel free to add a letter to support this form. **Areas with an * must be filled/checked.**
2. Inform the patient/family that **CHEO will contact them in 3 to 5 days** to setup an appointment time.
3. Fax this completed form to **613-738-4865**.

*If applicable, **please provide the patient with any medical imaging** (unless on NEODIN/CNER) and advise to bring to their appointment.*

Orthopedic Emergencies (24/7)

For all Orthopedic **emergencies**, call **613-737-7600 ext. 0** and ask for the On-Call Orthopedic Resident.

Examples of emergencies include:

A) Opinion on fractures requiring a reduction,

B) Fractures for surgical opinion,

C) Other orthopedic emergencies.

*** Please note: To refer a patient for routine follow up in the Fracture Clinic, paging on-call Ortho is **NOT** required ***

PLEASE PLACE PATIENT LABEL OR PRINT CLEARLY

*Name		*Referring Hospital Name	
*DOB (dd/mm/yyyy)		*Referring Provider	
*Phone #		*Provider Billing #	
Address			

Reason for Referral

☐ **Fracture**

All Hand Fractures
Please fax referral to CHEO Plastic Surgery

Fax: (613) 738-4245

***Date of injury:** _____

***Bones Involved:**
☐Spine ☐Clavicle ☐Humerus
☐Radius/Ulna ☐Scaphoid ☐Pelvis
☐Femur ☐Tibia/Fibula ☐Ankle ☐Foot

***Fracture Type:**
☐Avulsion ☐Greenstick ☐Buckle

☐ Involves physis/growth plate ☐ Does not involve physis/growth plate
☐Other

***Location:** ☐ Right ☐ Left

***Fracture Movement:**
☐ Displaced ☐ Undisplaced

***Reduction performed?**
☐ Yes ☐ No

***Type of immobilization:**
☐ None ☐ Splint ☐ Air Boot
☐ Short Cast ☐ Long cast ☐ Sling

***Spoke to Orthopedic Resident on-call**
☐ No ☐ Yes - Name: _____

☐ **Acute Injury**

***Acute shoulder injury and ACL injury require MRI prior to consult**

***Date of injury:** _____ ***Location:** ☐ Right ☐ Left

***Bone/Joint Involved:**
☐ Neck/C-Spine ☐ Shoulder ☐ Elbow ☐ Hip ☐ Knee ☐ Ankle

***Type of Injury:** ☐ Dislocation ☐ New ligamentous injury/tear ☐ New meniscus tear ☐ Patellar instability with fracture/loose body ☐ Other

***Immobilization:** ☐None ☐Sling ☐Splint ☐Long Cast ☐Short Cast ☐Air boot ☐C-Collar ☐Other