

# Musculoskeletal Program – Shoulder Referral

Cornwall Community Hospital ■ Hôpital Montfort ■ Queensway Carleton Hospital

The Ottawa Hospital ■ Pembroke Regional Hospital

## Request for Consultation

**Fax: 613-721-7889**

**REFERRAL DATE (YYYY/MM/DD):**

**\*This referral is not to be used for urgent referrals (e.g. fractures, tendon ruptures, primary/acute dislocation of the shoulder)**

### Referring Physician Information may use stamp

Name: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Billing #: \_\_\_\_\_  
Signature: \_\_\_\_\_

Family Physician Information (if different)

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Patient Information may use sticker

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Health Card #: \_\_\_\_\_  
Gender: Male Female  
Alternate Contact Information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Clinical Information

Diagnosis:

Right Left Bilateral

- Osteoarthritis
- Inflammatory Arthritis
- Labral Tear/ Instability/ Subluxation
- Rotator Cuff
- Rotator Cuff Tear – Acute/Traumatic
- Impingement Syndrome
- Other:

Specify: \_\_\_\_\_

**Must attach minimum 1-2 diagnostic imaging report(s) based on initial diagnosis:**

- Xray: true AP shoulder, lateral, axillary for glenohumeral arthritis
  - Frozen shoulder: distention arthrogram
  - Labral tear/instability/subluxation: MRI arthrogram
  - Rotator cuff tear: U/S and Xray or MRI
- Pembroke requires MRI for all shoulder conditions except glenohumeral arthritis

### Treatment to Date

- None
- Physiotherapy
- Anti-Inflammatories
- Narcotics
- Massage
- Acupuncture
- Cortisone Injection(s)
- Other

Surgeon Preference:

- First Available Surgeon
- Specific Surgeon

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