NOTE: Incomplete and / or unsigned requistions will be returned

PLEASE PRINT CLEARLY
OR AFFIX LABEL WITH COMPLETE INFORMATION

Markham Stouffville Hospital
Oak Valley Health

Emergency Department Fracture Clinic Referral

Telephone: 905-472-7070
Fax: 905-472-7544

Hospital MRN #: _____

Patient Name: _____
Last First

Date of Birth: _____ Sex: F M
Day Month Year

Health Card # _____ Version Code: _____

☐ WSIB # _____ ☐ Non OHIP (Self-pay) or Refugee

Telephone # (Best Daytime): _____

Alternate #: _____

Date:	Referring MD	Signature

Additional Reports to:

Prefered Language	Name & number of interpreter to help schedule appointment, if available

Clinical Information and Reason for Referral:

Diagnosis:

_____

_____

_____

_____

Date of Injury: _____

☐ Fracture Care ☐ Acute Musculoskeletal injury ☐ Recent Sports Injury

☐ Paediatric Patient ☐ Other (Specify): _____

Case Information ***Faxed ED record (Must be included with referral form)***

☐ Case discussed with On-Call Orthopaedic surgeon: _____

☐ Message left on ortho extension for special consideration (6153). (Consider ASAP)

☐ CD of images from outside facility to be brought with patient ☐ Sent to be uploaded in PACS

Referring Physician

Billing Number: _____

If any concern about requiring operative repair or need for more immediate assessment,
call on-call orthopaedic surgeon.

☐ **Cast Check**	☐ **ASAP**	☐ **Routine**	☐ **Non Urgent**
Orthopaedic Technologist only No surgical consultation required	Next Available Fracture Clinic Appointment	Within 7 days	Within 14 days

For Scheduling Use

On-Call Orthopaedic surgeon (relevant for scheduling from weekend ED presentation only):

_____

Appointment Date: _____ **Scheduled Time:** _____

Criteria For Fracture Clinic

Please note the Fracture Clinic is accessed for patients with ACUTE conditions only.

- Acute Fractures
  - Lower extremity fractures
  - Upper extremity fractures
  - Pelvic & Spinal fractures
    (*Refer to Spine Algorithm for management of Spine fractures)
- Acute soft tissue Injuries of the MSK system less than 8 weeks old WITH history of trauma:
  - Ligaments injures requiring splinting
  - Tendon injuries (excluding hand/forearm tendons)
  - Traumatic joint effusions
  - Muscle tears & intramuscular hematomas
- Post operative complications as an outcome of surgery at Markham Stouffville Hospital (Alternatively, refer to Surgical Wellness Clinic 905-472-7627 ext.3)
- Recurring problems related to the original diagnosis, within 6 months of discharge from the Fracture Clinic.
- Gangrene of the foot/toe requiring amputation

The Following Patient Diagnoses are EXCLUDED from Admission to the Fracture Clinic:

- Rib/Sternal fractures
- Minor joint sprains
- Soft tissue injuries of the MSK system greater than 8 weeks old
- Chronic musculoskeletal conditions or exacerbation thereof
- Back pain, including disc herniation (*Refer to spine algorithm)
- Tendonitis
- Musculoskeletal pain management or cortisone therapy (*Refer to ortho office of choice)
- Soft tissue/ bursal infections (*Refer to internal medicine/ Infectious Disease)
- Possible septic joint (*If potential septic joint needing OR, this must be determined in ER!)
- Hand fractures distal to carpus (*Refer to plastics clinic)

All referrals are to be faxed directly to: 905-472-7544 along with any other support documentation.