Referrals without a recent CT/MRI will not be assessed and will be returned to sender* **Urgent** referrals should be directed to the **spine** surgeon on-call through hospital locating at **902-473-2220**.

**choosingwiselycanada.org/spine*

Division of Neurosurgery

Elective **Spine** Referral Form

1796 Summer Street
Halifax, NS B3H 3A7
www.neurosurgery.medicine.dal.ca

FAX completed referral to 902-425-4789

PATIENT INFORMATION

Patient Name: _____

☐ Male ☐ Female **DOB:** _____

HCN: _____ **Phone:** _____

Address: _____

_____

REFERRING PHYSICIAN'S INFORMATION

Referring Physician: _____

Phone: _____ **Fax:** _____

Address: _____

_____

REFERRAL TYPE

- ☐ **NEW**
- ☐ **REPEAT**
- ☐ **2nd Opinion**
- ☐ **WCB : #** _____

REFERRAL OVERVIEW [Primary Complaint/Clinical Concern] Please Print Clearly

Has this patient had spine surgery? ☐ YES ☐ NO

Is the patient interested in surgery? ☐ YES ☐ NO

List Previous Spinal Surgeries

SYMPTOM DURATION

- ☐ **<3 Months**
- ☐ **3—6 Months**
- ☐ **6—12 Months**
- ☐ **>1 Year**

SPINE REGION

- ☐ **Occipital**
- ☐ **Occipital/Cervical**
- ☐ **Cervical**
- ☐ **Cervicothoracic**
- ☐ **Thoracic**
- ☐ **Thoracolumbar**
- ☐ **Lumbar**
- ☐ **Lumbosacral**
- ☐ **Sacral**

IF PATIENT PRESENTS WITH…

Suspected or Recent…

- **Cauda equina**
- **Severe trauma**
- **Spine infection or neoplasm**
- **Progressive paraparesis/ quadriparesis**

Please contact the SPINE surgeon on-call

SYMPTOMS

☐ **Neck Pain**	☐ **Back Pain**	☐ **Arm Pain**
☐ **Radiation into forearms and hands**	☐ **Radiation into legs below the knee**	☐ **Leg Pain**
☐ **Numbness, tingling, or weakness**	☐ **Numbness, tingling, or weakness**	☐ **Weakness:** _____
☐ **Clumsy hands or feet**	☐ **Clumsy hands or feet**	☐ **Other:** _____

INVESTIGATIONS [Please Attach Results] A RECENT CT OR MRI MUST BE INCLUDED TO PROCESS THIS REFERRAL

- ☐ **X-RAY**
- ☐ **CT**
- ☐ **MRI**
- ☐ **EMG**
- ☐ **Bone Scan**
- ☐ **CT Myelogram**
- ☐ **Other:** _____

**choosingwiselycanada.org/spine*

FAX COMPLETED REFERRAL TO: 902-425-4789

TO ENSURE THIS REFERRAL IS TRIAGED PROMPTLY AND TO THE APPROPRIATE SURGEON, PLEASE COMPLETE IN FULL