

Association of Dalhousie Neurosurgeons
ELECTIVE Spine Referral Form
 Please FAX to: 902-425-4789
 Referral form must be accompanied by a CT/MRI

Date:	Referring Physician Name: Address: Phone: Fax:
Patient Name:	
Address:	
Telephone:	
D.o.B.:	
MSI #:	

History of Presenting Illness:

Pain: Onset/Timecourse:

Location:

Quality:

Radiation:

Aggravating Factors:

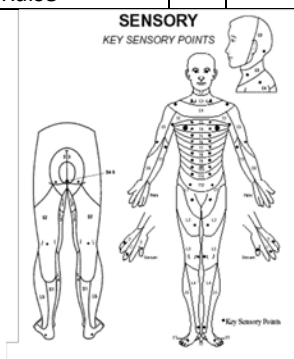
Relieving Factors:

Severity: /10(best) /10(average) /10(worst)

Previous Treatment: <input type="checkbox"/> physiotherapy <input type="checkbox"/> chiropractic <input type="checkbox"/> acupuncture <input type="checkbox"/> massage <input type="checkbox"/> surgery (specify):	Past Medical History: <input type="checkbox"/> related trauma <input type="checkbox"/> infection/inflammatory <input type="checkbox"/> cancer – specify _____ <input type="checkbox"/> congenital spine abnormality
Medications:	Neurogenic Bowel <input type="checkbox"/> Y <input type="checkbox"/> N Neurogenic Bladder <input type="checkbox"/> Y <input type="checkbox"/> N

***** PLEASE ATTACH AVAILABLE IMAGING REPORTS *****

Physical Exam: please provide exam appropriate to referral (i.e. cervical or lumbar)
Blank sections considered "Normal"

Motor Exam (MRC 1-5; Normal=5)	R		L		Deep Tendon Reflexes (Normal=2)	R		L		Sensory Exam (0=absent, 1=abnormal, 2=normal)	R		L		Mechanical Signs (+/-)	R		L	
Shoulder Abduct (C5)					Biceps	/4	/4			C5					Spurling				
Elbow Flex (C5,6)					Brachioradialis	/4	/4			C6					Straight Leg Raise				
Wrist Ext (C6)					Triceps	/4	/4			C7									
Elbow Ext (C7)					Knee Jerk	/4	/4			C8									
Finger Flex (C8)					Ankle Jerk	/4	/4			T1									
Finger Abduct (T1)					Clonus (Y/N)					L2									
Hip Flex (L2)					Babinski (up/down)					L3									
Knee ext (L3)					Rectal Tone (Normal/Reduced)					L4									
Dorsiflex (L4)										L5									
Extensor Hallucis Longus (L5)										S1									
Plantar flex (S1)										Peri-anal									

Please note: Any inquiries regarding the status of a referral should be directed to our fax number at 902-425-4789.
There is no contact phone number for this office.