

NEUROSURGERY/SPINE PATHWAY REFERRAL: PROVINCIAL

PATIENT INFORMATION:		Last Name:	First Name:	
Date of Birth: DD/MM/YYYY	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	HSN:	
Address:		City:	PC:	Prov:
Home phone:		Work Phone:	Cell Phone:	
REFERRING PRACTITIONER & CLINIC INFO:			PATIENT AWARENESS:	
<input type="checkbox"/> Family Doctor <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Specialist <input type="checkbox"/> Other _____	Name:	Phone:	Is the Patient: Aware of this referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address:	Fax:	Interested in surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Aware of pooling options?	<input type="checkbox"/> Yes <input type="checkbox"/> No
REFERRAL TO: ALERT – FOR EMERGENT REFERRALS CONTACT SFCC 1-866-766-6050				
Location: <input type="checkbox"/> Regina <input type="checkbox"/> Saskatoon <input type="checkbox"/> Provincial <i>(see pg 2 for info)</i>	<input type="checkbox"/> Next available Surgeon <input type="checkbox"/> Except: _____ <input type="checkbox"/> Specific Surgeon: _____		Has the patient previously been under the care of a Saskatchewan Neurosurgeon? <input type="checkbox"/> Yes <input type="checkbox"/> No Original Surgeon: _____	
<input type="checkbox"/> URGENT REFERRAL - Specify Reason:				
REASON FOR REFERRAL:				
General Neurosurgery	<input type="checkbox"/> Functional and Chronic Pain Neurosurgery <input type="checkbox"/> Adult Hydrocephalus <input type="checkbox"/> Idiopathic Intracranial Hypertension <input type="checkbox"/> Cysts (e.g. Arachnoid/Ependymal/Pineal)	<input type="checkbox"/> Brain Tumour <input type="checkbox"/> Surgical Epilepsy <input type="checkbox"/> Other:	<input type="checkbox"/> Adult Chiari <input type="checkbox"/> Peripheral Nerve	
Cerebrovascular /Endovascular (Saskatoon only)	<input type="checkbox"/> Unruptured Intracranial Aneurysm <input type="checkbox"/> Carotid Stenosis/Stroke	<input type="checkbox"/> Vascular Malformation <input type="checkbox"/> Other:		
Low Back Pain	<input type="checkbox"/> Constant leg-dominant pain with neurological symptoms (Pattern 3) <input type="checkbox"/> Intermittent leg-dominant pain aggravated by activity (Pattern 4) <input type="checkbox"/> Low back pain with No relevant neurological symptoms but no improvement after treatment (Pattern 1-2) <input type="checkbox"/> Non-Surgical Spine Pathway Assessment (Education and Support)			
<i>Note: Referral will go to the Spine Pathway first for assessment, with surgical referral as appropriate. (pg. 2)</i>	CONTRAINDICATED: EMERGENCY REFERRAL (refer these to on-call physician) <ul style="list-style-type: none"> · Saddle anesthesia (anus, perineum or genitals) · Urinary retention with overflow incontinence · Possible Cauda Equina Syndrome · Spinal Malignancy/Infection · Unstable Trauma 			
Surgical Spine Disorders	Location <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <input type="checkbox"/> Sacral/Coccygeal	Pathology: <input type="checkbox"/> Degenerative <input type="checkbox"/> Tumour <input type="checkbox"/> Infection <input type="checkbox"/> Deformity	<input type="checkbox"/> Trauma <input type="checkbox"/> Myelopathy <input type="checkbox"/> Radiculopathy <input type="checkbox"/> Inflammatory	
Pediatric Neurosurgery (Saskatoon only)	Specify:			
Other	Specify:			

For Triage Purposes: (provide detailed information explaining patient complexity, comorbidities, and/or previous specialist consults *OR* attach information in letter)

For non-emergent neurosurgery needs, call individual neurosurgeon's offices. If not sure, please discuss it with neurosurgeon on call.

POOLED REFERRAL INFORMATION: Patients offered the pooled referral option will receive the next available appointment with a specialist able to treat the referring condition.

Physician Signature:

Date:

For Redirection:

Redirecting Specialist:

Pooled Specific Dr.

Date:

FOR SPINE PATHWAY USE ONLY:

Spine Pathway Assessment:

Surgery Consult Required (**Assessment Notes must be attached**)

Is this a revision?

Yes No

PT Signature: _____ Date: _____

Original surgeon (if known):

Dr: _____

Spine Pathway Information:

All referrals for Low Back Pain, as well as Surgical Spine Disorder – Lumbar + Degenerative, are processed through the Spine Pathway. This model expedites assessment for surgical candidacy and streamlines triage to a surgeon. Please initiate the following conservative management strategies prior to referral: Physical Therapy, Active Exercise, Chiropractic treatments, and/or other symptom management options.

Provincial Pooling:

Provincial pooling improves timeliness by utilizing the shortest waitlist. Select "Provincial" if the patient is willing to travel (this is the default if left blank).

Exception: Spine Pathway (Low Back Pain) referrals cannot be provincially pooled and are assigned to the closest location.