Request for Lumbar Spine Surgical Screening Assessment

Fax: 289.479.0188
Phone: 289.235.8800

WATERVIEW
Physiotherapy & Health Centre
560 North Service Road, Grimsby, L3M 0G3

Patient Name: ______________________ D.O.B.: ______________

Contact #: ______________________ HCN: ______________

Referral for:	☐ Back Pain	☐ Leg Pain	☐ Back and Leg pain	
Duration:	☐ Less than 6 weeks	☐ Between 6-12 weeks	☐ More than 12 weeks	Other:______________
Severity:	☐ Interferes with work	☐ Interferes with home life	☐ Interferes with recreational activities	Other:______________

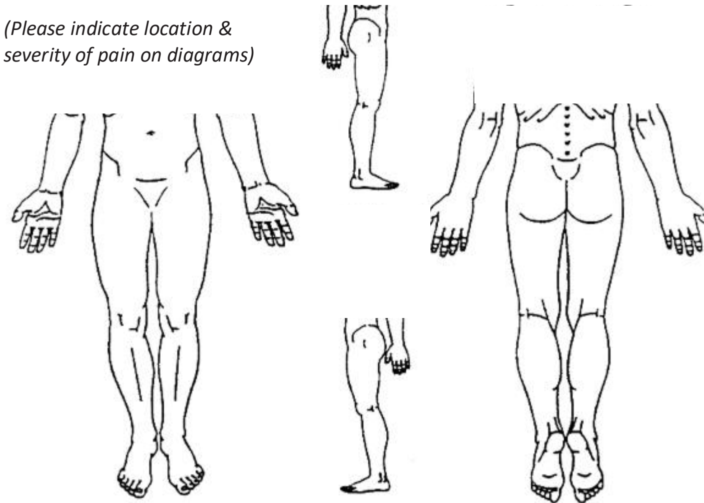
PRESENTING SIGNS & SYMPTOMS:

Pain	☐ Improving	☐ Stable	☐ Worsening	☐ None
Numbness/Tingling	☐ Improving	☐ Stable	☐ Worsening	☐ None
Weakness	☐ Improving	☐ Stable	☐ Worsening	☐ None
Gait	☐ Antalgic	☐ Normal		
Spasticity	☐ Abnormal	☐ Normal		

Red Flags
Send to nearest ER →
- ☐ Bowel/bladder dysfunction (sphincter dysfunctior
- ☐ Severe trauma
- ☐ Progressive parapesis/quadraparesis/neurology

Page Spine on-call at HHS →
- ☐ unexplained weight loss, fever, chills
- ☐ saddle anaesthesia without bowel/bladder dysfur
- ☐ acute pain not eased by recumbent position
- ☐ incremental non-relenting pain

(Please indicate location & severity of pain on diagrams)



INVESTIGATIONS *(Please check all those completed)*

☐ X-Ray ☐ MRI ☐ CT ☐ EMG Other: ______________________

TREATMENTS TO DATE:

☐ NSAIDs __________ months	☐ Physiotherapy	☐ Bracing
☐ Opioids __________ months	☐ Pelvic Health Physiotherapy	☐ Selective Nerve Root Block
☐ Neuropathics ______ months	☐ Massage Therapy	☐ Epidural Injection
☐ Pain clinic	☐ Chiropractic / Osteopathic	☐ Myofascial Pain Injections
☐ Other:		

PAST MEDICAL HISTORY:

☐ Back pain/Sciatica ☐ Previous spine surgery ☐ Inflammatory Arthritis ☐ Cancer Other:______________

ADDITIONAL COMMENTS ____

____

Have you confirmed the patient is interested in Spine Surgery as a possible intervention for his/her pain? ☐ Yes ☐ No

REFERRING PHYSICIAN*:* *(Stamp or Complete)*

Name:	Phone:	Signature:
License #:	Fax:	Date:

Thank you for your referral. Please ensure all relevant medical records are faxed prior to scheduled appointment.
Please inform your patient that this consultation is $160.00 and is <u>not</u> covered under OHIP.