



ORTHOPAEDIC SPORTS MEDICINE CONSULTATION

| | |
|--|--|
| <p><u>Consultant:</u> Duong Nguyen MD, MSc(c), FRCSC, DipABOS, DipSportsMed(ABOS), FAAOS, CIME, DipSportMed(CASEM) Diplomate of the American Board of Orthopaedic Surgery Subspecialty Board Certification in Sports Medicine (ABOS) Fellow of the American Academy of Orthopaedic Surgeons (FRCSC/AAOS) Certified Independent Medical Examiner (ABIME) Diplomate Sport & Exercise Medicine (CASEM) Arthroscopic & Reconstructive Shoulder, Elbow & Knee Surgery MSc Candidate/ Clinical Epidemiology & Health Research Methodology Adjunct Clinical Professor - McMaster University 2489 Bloor Street West, Suite 102. Toronto, ON. M6S 1R6 Ph:(416)742-3736 Fax:(416)742-2818 Website: www.nguyensportsmed.com</p> | <p>Patient (please print)</p> <p><u>Name (last, first):</u></p> <p><u>DOB:</u></p> <p><u>Health Card Number:</u></p> |
| <p><u>Referring Physician:</u></p> <p><u>Name:</u></p> <p><u>Address:</u></p> <p><u>Tel:</u></p> <p><u>Fax:</u></p> <p>OHIP Billing #:</p> | <p><u>Address:</u></p> <p><u>Phone:</u></p> |
| <p><u>Reason for Referral (please print):</u></p> <p>1. <u>Mechanism of injury (please specify e.g. soccer):</u></p> <p>2. <u>Date of onset/injury:</u></p> <p>3. <u>Treatment to date:</u> ___ physiotherapy (specify location _____) ___NSAIDs ___brace ___injections</p> | |
| <p><u>Investigations results (patient to bring CD of x-rays/MRI):</u></p> | |
| <p>Signature</p> | <p>Date:</p> |