Checklist & Guide for Referral to Pacific Orthopaedics and Sports Medicine (POSM)

All referrals are actively managed through the **Centralized Referral Intake and Triage System**
Use the POSM Patient Referral Form **OR** your standard EMR specialist referral letter
PLEASE INCLUDE THE FOLLOWING REQUIRED INFORMATION

(1) Address the Referral Letter to POSM Central Intake

Name: Pacific Orthopaedics & Sports Medicine (POSM) | **Fax:** 604-914-2521 | **Phone:** 604-249-4145

(2) Patient Information

- Full Name
- DOB
- PHN
- Mailing Address
- Primary Phone
- Email Address
- WSBC/ICBC Claim # *(if applicable)*

(3) Referring Physician Information

- Full Name
- MRP Name *(if different)*
- MSP
- Phone #
- Fax #
- Clinic Name
- Clinic Address

(4) Orthopaedic Details

Note: Referrals for spine/back issues → refer to neurosurgery. Hand/carpal bones (including scaphoid) → refer to plastics

Body Region	Ex: shoulder, hip, knee, ankle	
Laterality	Specify right, left, or bilateral	
Reason for Referral (specify one)	• Urgent assessment (within 1-2 weeks) ○ Ex: acute fractures, acute soft-tissue injuries, infections, or suspected tumour • Non-urgent musculoskeletal complaint • Arthritis • Injection (including ultrasound-guided) • Bracing • Follow-up assessment (indicate name of previous treating physician) • Other reason (specify)	
Relevant History	Include: HPI, past surgical/medical history, medications, duration/severity of symptoms (***Note:*** Do not send full chart, include only pertinent information)	
MANDATORY X-Ray Requirement X-Ray report (within past 6 months) **MUST** accompany referral Recommended Views →	• Shoulder: AP glenohumeral joint, lateral, axillary • Elbow: AP, lateral • Wrist: AP, lateral	• Knee: standing AP, lateral, notch, skyline • Ankle: standing AP, lateral, mortise • Foot: standing AP, lateral, oblique
	• Hip (for arthritis): standing AP pelvis, AP and true lateral of hip including proximal third femur • Hip, under age 45 (non-arthritic): standing AP pelvis, true lateral of hip, Dunn view, false profile view	
Attach additional imaging (if applicable)	Ultrasound, CT, or MRI	

(5) Requested Consultant

Patients deemed non-surgical are preferentially directed to the ROCC (Regional Orthopaedic Consultation Clinic) for management by an MSK assessor. If requesting a specific surgeon, please explain the reason.

Dr. Shannon Samler - shoulder/elbow/knee sports medicine & arthroscopy, shoulder arthroplasty
Dr. Peter Zarkadas - shoulder/elbow/knee sports medicine & arthroscopy, shoulder/elbow arthroplasty
Dr. Mark McConkey - shoulder/hip/knee sports medicine, arthroscopy & joint preservation
Dr. Victor Jando - hip/knee reconstruction, knee arthroscopy
Dr. Jeremy Loh - hip/knee reconstruction, knee arthroscopy
Dr. Kostas Panagiotopoulos - hip/knee reconstruction, knee arthroscopy
Dr. Adam Sidky - hip/knee reconstruction, knee arthroscopy
Dr. Richard (Rick) Nadeau - hip/knee reconstruction
Dr. Vu (Brian) Le - foot and ankle reconstruction, ankle arthroscopy

(6) Triage Process

All referrals are triaged within 5 days (urgent referrals within 48-72 hours). Referral receipt confirmed via fax.

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Priority based on relative urgency, date of receipt, and resource availability.

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Referral added to the waitlist of first available, most appropriate consultant or ROCC.

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POSM will contact patient directly to schedule a visit once appointment times are available. FP will also by notified by fax of appointment details.

North Shore Division of Family Practice
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