

## Referral Form and Guidelines

Thank you for your referral to the Orthopaedic Institute for Children. In order to ensure efficient scheduling, and to allow your patient to be seen as quickly as possible in the appropriate orthopaedic clinic, complete and fax this form to **213-358-2746** (include applicable office notes). Submitting an incomplete form will result in processing delays, so please be sure to complete all of the form's fields.

Questions? Please call 213-741-8325.

<b>Patient Name:</b>	
<b>Patient DOB:</b>	
<b>Referring provider (handwrite, type or stamp)</b>	
<b>Reason for referral (Please be as specific as possible):</b>	
<b>Body part involved:</b>	
<b>When did problem begin?</b>	
<b>What is the temporality of the problem? (Please mark one)</b>	<input type="checkbox"/> Gradual onset <input type="checkbox"/> Sudden onset <input type="checkbox"/> Chronic
<b>Tests completed (Mark if appropriate)</b>	<input type="checkbox"/> X-rays <input type="checkbox"/> MRI/CT <input type="checkbox"/> Other
<b>Refer to: (Please mark one)</b>	<input type="checkbox"/> Hand Tumor <input type="checkbox"/> Scoliosis <input type="checkbox"/> Sports Medicine <input type="checkbox"/> General orthopedics <input type="checkbox"/> Sports Physical <input type="checkbox"/> Unsure/other

If any tests were completed, please include a copy of the report. If an MRI/CT test was completed please instruct your patient to **bring the CD with images to their appointment at OIC**. If you are referring to scoliosis clinic, please complete our brief scoliosis referral form.

## General Guidelines for Referrals

<b>General Orthopaedics</b>	<ul style="list-style-type: none"> <li>• Flat feet</li> <li>• Intoeing</li> <li>• Developmental dysplasia of hip</li> <li>• Bowed legs/knock knees</li> <li>• Leg length discrepancy</li> <li>• Limp: if new onset or fever please refer to Urgent care center</li> <li>• Acute fractures: please refer to urgent care center</li> <li>• Fracture complications/nonunions, fracture infections</li> </ul>
<b>Sports Medicine</b>	<p>Knee:</p> <ul style="list-style-type: none"> <li>• Internal derangement of knee (ligament tear/sprain; meniscal injury)</li> <li>• Osgood schlatter's/patellofemoral syndrome</li> <li>• Tendonitis</li> <li>• Patellar dislocations</li> </ul> <p>Shoulder:</p> <ul style="list-style-type: none"> <li>• Shoulder dislocations (Acute injuries refer to Urgent Care)</li> <li>• Labral tear</li> <li>• Rotator cuff tear</li> </ul> <p>Hip:</p> <ul style="list-style-type: none"> <li>• Snapping hip</li> </ul>
<b>Hand</b>	<ul style="list-style-type: none"> <li>• Old finger fractures</li> <li>• Trigger thumb</li> <li>• Hand ganglion cyst</li> <li>• Tendon laceration: please refer to nearest ER</li> </ul>
<b>Tumor</b>	<ul style="list-style-type: none"> <li>• Non ossifying fibroma</li> <li>• Cortical Defect</li> <li>• Bone lesions (if concern for malignant process, associated with fever/night pains, please refer to Urgent care center)</li> </ul>