



Next Available Surgeon

Preferred Surgeon: _____

To ensure prompt and appropriate referral of your patient, please complete this form and include all of the patient's complete spine history and relevant details. This data is important to ensure appropriate patient prioritization.

FAX completed referral form to 204-783-7356

Referrals will not be assessed without this information and will be returned to sender.

Patient Demographics:

Last Name _____ First _____ Gender: Female Male

DOB (DD/MM/YYYY) _____ MHSC# _____ PHIN# _____

Tel: (Home) _____ (Work) _____ (Other) _____

Address _____

City _____ Province _____ Postal Code _____

Referral Type:

- New
- Repeat
- WCB
- WCB Appeal
- MPIC
- 2nd Opinion
- Medical Legal

Referring Physician: _____

Address: _____

Phone: _____

Fax: _____

Referral overview: objective physical and neurological examination & all subjective complaints.

SECTIONS OF ORTHOPEDICS & NEUROSURGERY

Dr. Neil Berrington
 Head, Winnipeg Spine Program
 Assistant Professor Neurosurgery
 204-787-7276 tel

Dr. Michael Goytan
 Associate Professor Adult and Pediatric Orthopedics & Neurosurgery
 204-787-1913 tel

Dr. Perry Dhaliwal
 Neurosurgery
 204-787-7296 tel

Dr. Jason Beiko
 Neurosurgery
 204-787-7270 tel

Dr. Michael Johnson
 Assistant Professor Adult and Pediatric Orthopedics & Neurosurgery
 204-787-4581 tel

Dr. Mohammad Zarrabian
 Assistant Professor Adult Orthopedics
 204-787-4773 tel

Dr. Owen Williams
 Assistant Professor Adult Orthopedics
 204-787-7271 tel

HEALTH SCIENCES CENTRE WINNIPEG

Section of Orthopedics
 Dr. Goytan/Dr. Johnson/
 Dr. Zarrabian
 AD4-820 Sherbrook St.
 Winnipeg MB R3A 1R9

Section of Neurosurgery
 Dr. Berrington/
 Dr. Dhaliwal/Dr. Beiko
 Dr. Williams
 GB1-820 Sherbrook St.
 Winnipeg MB R3A 1R9

*professional corporation

Reason for referral:

- Tumor
- Infection
- Fracture
- Myelopathy

- Neck pain:
 - Radiation into forearms and hands
 - Numbness, tingling, or weakness
 - Clumsy hands or feet

- Back Pain:
 - Radiation into legs below the knee
 - Numbness, tingling, or weakness
 - Clumsy hands or feet

- Arm Pain
- Leg Pain
- Weakness: _____

- Other: _____

Previous Surgery:

Previous Management:

Additional Significant Findings:

Scoliosis:

- Adult Degree _____
- Pediatric Degree _____

Symptom Duration

- <3 months
- 3 – 6 months
- 6 – 12 months
- >1 year

Spine Region:

- Occipital
 - Occipital/Cervical
 - Cervical
 - Cervicothoracic
 - Thoracic
 - Thoracolumbar
 - Lumbar
 - Lumbosacral
 - Sacral
- _____

Spine Radiology:

- Plain XR Date: _____ Location: _____
- CT scan Date: _____ Location: _____
- MRI Date: _____ Location: _____
- CT/Myelogram Date: _____ Location: _____
- Bone scan Date: _____ Location: _____

Note: It is not necessary to order any radiological tests unless specifically requested by the Spine Program

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