



Date of referral: \_\_\_\_\_ Patient name: \_\_\_\_\_  
DOB (YYYY/MM/DD): \_\_\_\_\_ PHN: \_\_\_\_\_  
Parent / Legal Guardian: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Interpreter required: NO YES Language: \_\_\_\_\_  
Referring Provider: \_\_\_\_\_ MSP#: \_\_\_\_\_ Fax: \_\_\_\_\_

**Criteria for Acute Knee Injury Clinic**

- **traumatic knee injury within the past 6 weeks or concern of recurrent knee instability**

**Date of Injury (YYYY/MM/DD):** \_\_\_\_\_

**Mechanism of injury:** \_\_\_\_\_

**Symptoms (check if present):**

- Instability (knee 'gives way' or a feeling of moving out of place)
- Effusion/Hemarthrosis (ongoing or history in the context of a knee injury)
- Loss of knee motion (not being able to straighten or bend the knee completely)

**Working Dx:**  Patellofemoral Instability  ACL  Meniscal tear  Other

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Please include imaging reports. For MRI images not available on Care Connect, please send images via USB/CD to Orthopaedics at BC Children's, 4480 Oak Street Vancouver BC V6H 3V4

Your patient will be seen by a team of healthcare providers and may include an orthopaedic surgeon, sports medicine physician, nurse practitioner and/or physiotherapist.