

Request for Spine Consultation

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Telephone: 905.527.4322 ext. 46781

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Dr. Aleksa Cenic, Neurosurgeon

Spine Clinic, McMaster Clinic Wing

Hamilton General Hospital, 7th Floor, Room 715

237 Barton St. E., Hamilton, ON L8L 2X

Referral for: Cervical Spine Thoracic Spine Lumbar Spine Second Opinion

Duration: less than six weeks between 6-12 weeks more than 12 weeks (please specify) _____

Severity: interferes with work interferes with home life interferes with sports/leisure activities

PRESENTING SIGNS & SYMPTOMS (please check all that apply)

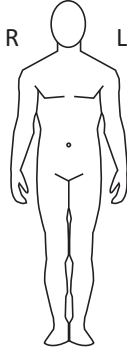
Weakness

improving

stable

worsening

Spasticity

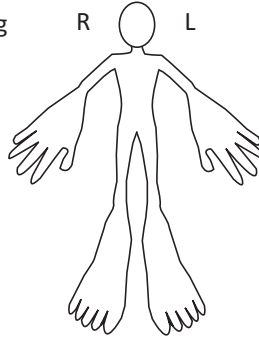


Numbness/tingling

improving

stable

worsening



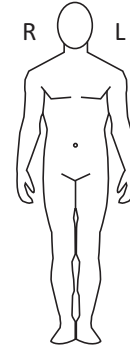
Pain

improving

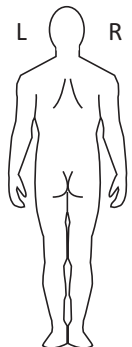
stable

worsening

Front



Back



RED FLAGS none

- bowel/bladder discharge (sudden sphincter dysfunction)
- severe trauma
- progressive paraparesis/quadruparesis/neurology

- unexplained weight loss, fever, chills
- saddle anesthesia without bowel/bladder discharge
- acute pain not eased by recumbent position
- incremental non-relenting pain

▶ If patient presents any of the above, please send patient to the MER ER

▶ If any of these are present, please page Ortho-Spine Resident at 514.934.1934 ext 53333

INVESTIGATIONS Please indicate investigations done and forward results with referral* Performed at MUHC

X-Ray CT MRI Bone Scan EMG Other: _____

TREATMENTS TO DATE

NSAIDs _____ months physiotherapy times _____
 opioids _____ months injections specify _____
 neuropathic _____ months pain clinic times _____ Other: _____

PMHx (please check all that apply)

spine deformity/scoliosis previous spine surgery cancer inflammatory arthritis osteoporosis

COMMENTS _____ OSWESTRY score: _____/100%
Yellow Flag score: _____/9

REFERRING PHYSICIAN Name _____ Fax _____
STAMP or COMPLETE License# _____ Email _____
Specialty _____ Signature _____
Telephone _____ Date _____

* Please note that all medical records/history must be faxed/mailed prior to scheduled appointment. All films must be couriered or brought by patient for scheduled appointment. MUHC tests are available on the PAC systems, for these no CD is necessary.

Please inform your patient that if these are not available, the appointment will be rescheduled. DM-2132 (REV 2010/11/22) CUSM Repro MUHC (G5)