Providence HEALTH CARE
How you want to be treated.

St. Paul's Shoulder Clinic
3N, Outpatients Department
St. Paul's Hospital 1081
Burrard Street
Vancouver, BC, V6Z1Y6
Phone: 604-632-0008
Fax: 604-632-0016

Shoulder Referral letter

Please complete this form legibly and send via fax with supporting documents to ***604-632-0016***

Patient's Name: Birth Date (mm/dd/yyyy):

PHN: Patient's Age:

Address: City:

Province: Postal Code:

Referring Physician: Family Physician:

RP Billing #: FP: Billing #:

Referring Physician Contact:
Phone: Fax:

Referral Urgency: ☐ Urgent ☐ Elective

Referral Reason:
- ☐ Shoulder Arthritis
- ☐ Shoulder Dislocation (1st Time)
- ☐ Shoulder Dislocation (Recurrent)
- ☐ Rotator Cuff Issue
- ☐ Fracture *(specify)*:
- ☐ Other *(specify)*:

Imaging - Please Provide Date & Imaging Location

Please send imaging reports and ensure imaging is within 1 year. For CMI or private imaging, please ensure we have been granted access to view the images

- ☐ X-Ray:
- ☐ Ultrasound:
- ☐ CT Scan:
- ☐ MRI:

Previous Treatment Modalities:
- ☐ Physiotherapy
- ☐ Injection
- ☐ Splinting/Bracing

Clinical Note:

Date: Signature:

Office Use: RASC