Acute Knee Injury Clinic (AKIC) Referral Form – For Soft Tissue Injury Only

Please do not send referrals for WCB or MVA cases.

This clinic is for patients 13 – 55 years old who have sustained injuries within 1 month of the date of referral. Multi-ligamentous (3+) injuries, fractures, open wounds, or neurovascular injuries should be seen emergently by consulting the orthopaedic surgeon on call and NOT through this clinic.

Date of Referral: ________________

Family Physician: ________________________

Patient Contact Phone Number: _______________________________________

Complete the following questions:

1. Injury Date: ________________

   Affected Knee: □ Right □ Left

2. How were you injured – describe the event: _____________________________

3. Did this knee problem occur due to an injury or accident?
   □ Yes □ No

   (If you answered yes to question 3 please complete questions 3a, b & c below)
   a. Did you hear or feel a “pop” at the time of your injury or accident? □ Yes □ No
   b. If this injury or accident occurred during activity, were you able to complete the activity? □ Yes □ No
   c. Did your knee swell within 24 hours of the injury or accident? □ Yes □ No

4. Before this current knee injury or accident, have you ever injured either knee before?
   □ No □ Yes

   If yes, please describe (include date) _____________________________

X-rays required:

- AP and lateral of the affected knee(s)

MRI is not necessary for referral.

If the referral is accepted the Patient will be contacted within 3 business days for an appointment.

Referring Health Professional Information (must be completed in full):

Name (Print): ________________________ Date: ________________________
Mailing Address: ________________________ PRACID: ________________________
                                      ________________________
Phone Number: ________________________ Fax Number: ________________________

Fax completed form to: 780-407-5667