



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: _____

Patient Information:

Family Physician: _____

Affix patient label here

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: _____

 Signature: _____

Phone Number: _____ Fax Number: _____

Fax completed form to: 780-407-5667