



HIP DYSPLASIA REFERRAL

- Assoc Prof Leo Donnan**
MBBS FRACS FAOrthA
Orthopaedic Surgeon
- Mr Brian Loh**
MBBS FRACS FAOrthA
Orthopaedic Surgeon

CHILD'S DETAILS

Name

Date of Birth Gender Female Male Date

Parent/Guardian

Address

Phone Mobile

Email

RISK FACTORS

- Family history Breech presentation Packaging deformity Multiple pregnancy No risk factors

CLINICAL FINDINGS

Left Right

Positive Barlow sign	<input type="radio"/>	<input type="radio"/>
Positive Ortolani sign	<input type="radio"/>	<input type="radio"/>
Limited abduction in flexion	<input type="radio"/>	<input type="radio"/>
Hip dislocation (Clicky hip)	<input type="radio"/>	<input type="radio"/>
Leg length shortening	<input type="radio"/>	<input type="radio"/>
Asymmetric thigh fold (tick if present)	<input type="radio"/>	
Asymmetric gluteal fold (tick if present)	<input type="radio"/>	
Other:		

Please attach any relevant reports

REFERRING DOCTOR DETAILS

Referring Dr

Provider No.

Address

Signature

St Vincent's Kids Hip Dysplasia & Sports Injury Clinic

Suite 50, Level 5, 141 Grey Street East Melbourne VIC 3002

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