

## HIP DYSPLASIA REFERRAL

Leo Donnan  
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Orthopaedic Surgeon

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Orthopaedic Surgeon

### CHILD'S DETAILS

Name .....

Date of Birth ..... Gender  Female  Male

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

Positive Ortolani sign

Limited abduction in flexion

Hip dislocation (Clicky hip)

Leg length shortening

Asymmetric thigh fold (*tick if present*)

Asymmetric gluteal fold (*tick if present*)

Other: .....

Please attach any relevant reports

#### REFERRING DOCTOR DETAILS

Referring Dr .....

Provider No. ....

Address .....

.....

Signature .....

St Vincent's Kids Hip Dysplasia & Sports Injury Clinic

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