Ontario
Central East Local Health Integration Network

Request for Orthopaedic Consultation
Hip and Knee Arthritis Management

Referral Date: YYYY	MM	DD

FAX: 1-833-222-9065 All information above the double line must be complete.

CONSULTATION OPTIONS (select **ONE** or referral will be processed as "closest to home")

❒ **First available assessment**

❒ **First available surgeon** ❒ **Preferred Surgeon: Dr.** _____Name_____ ___Organization___

❒ **Preferred Hospital (*select one or more locations below*)**

- ☐ Hospital closest to home
- ☐ Peterborough Regional Health Centre (***select site***)
  - ☐ Peterborough site ☐ Haliburton satellite (**OTN**)
- ☐ Scarborough Health Network (***select site***)
  - ☐ General site ☐ Centenary site
- ☐ Other hospital:_____
- ☐ Ross Memorial Hospital (***select site***)
  - ☐ Lindsay site ☐ Haliburton satellite (**OTN**)
- ☐ Lakeridge Health (***select site***)
  - ☐ Oshawa Hospital ☐ Ajax-Pickering Hospital

Referring Primary Care Provider Information

Name: _____

Specialty: _____

Address: _____

_____

Phone: _____

Fax: _____

Email: _____

Billing #: _____

Signature: _____

Family Physician Information (if different)

Name: _____

Phone: _____

Patient Information

Name: _____

Address: _____

Postal Code: _____ City: _____

Date of Birth: _____

Health Card #: _____ VC: ____

WSIB Claim #: _____

Sex: _____

Official Language preferred: ☐ French ☐ English

Other language _____

Phone: _____

Alternate Phone: _____

Email: _____

DIAGNOSIS: ☐ Hip Right / Left ☐ Knee Right / Left

☐ Osteoarthritis ☐ Inflammatory arthritis

☐ Post-traumatic arthritis

☐ Other: _____

REASON FOR REFERRAL:

☐ Primary Replacement: ☐ Hip ☐ Knee

☐ Opinion/management advice: ☐ Hip ☐ Knee

☐ Patient will bring a CD of their X-Ray to appointment (required)

X-RAY REPORTS OF THE AFFECTED JOINT MUST ACCOMPANY REFERRAL

If no X-ray report is available from within the last 6 months, we recommend the following views:

Knee: AP weight bearing/standing, lateral of knee flexed at 30°, skyline, bilateral PA flexed at 30°

Hip: AP pelvis, AP and lateral of affected hip

In the setting of osteoarthritis, MRI and Ultrasound are not required.

SHN Scarborough Health Network | Lakeridge Health | PRHC Peterborough Regional Health Centre | Ross Memorial Hospital Kawartha Lakes | Haliburton Highlands Health Services — Leaders in Innovative Rural Health Care

CURRENT SYMPTOMS (check all that apply)	**TREATMENTS TO DATE** (check all that apply)
☐ Locking ☐ Instability/giving way ☐ Swelling ☐ Pain with activity: ☐ Mild ☐ Moderate ☐ Severe ☐ Pain at rest/night: ☐ Mild ☐ Moderate ☐ Severe ☐ Other: _____	☐ Analgesics ☐ Non-steroidal anti-inflammatory drugs ☐ Injections: ☐ Steroid ☐ Viscosupplement ☐ Arthroscopy ☐ Physiotherapy ☐ Exercise/weight loss ☐ Other: _____
CURRENT ASSISTIVE DEVICES ☐ None ☐ Cane(s) ☐ Crutches ☐ Rollator/Walker ☐ Wheelchair ☐ Bedridden	**MEDICATIONS & MEDICAL HISTORY** (please attach patient profile)

Has there been a recent significant change in function (e.g., threat to independence), pain level and/or range of motion? Are there systemic signs (e.g., fever, chills)? Other significant issues?

Please forward any additional information that will assist us in determining urgency

For use by Central Intake

Referral Tracking Number (RTN): MRN#:

Reviewed by: Date:

Date updated: 2019-02-08

Central Intake Telephone: 1-800-263-3877 x 2828

SHN SCARBOROUGH HEALTH NETWORK | Lakeridge Health | PRHC Peterborough Regional Health Centre | ROSS MEMORIAL HOSPITAL Kawartha Lakes | HALIBURTON HIGHLANDS HEALTH SERVICES Leaders in Innovative Rural Health Care