



Request for Orthopaedic Consultation

Knee and Hip Arthritis Management

FAX: (855) 346-9138 All information above the double line must be complete.

CONSULTATION OPTIONS

- Preferred Hospital** (select one)
- Humber River Hospital Mackenzie Health Markham Stouffville Hospital
- North York General Hospital Southlake Regional Health Centre
- Preferred Surgeon, Dr.** _____ or First Available Surgeon

Referring Physician Information

Name: _____
 Specialty: _____
 Address: _____
 Phone: _____
 Fax: _____
 Email: _____
 Billing #: _____
 Signature: _____

Family Physician Information (if different)

Name: _____
 Phone: _____

Patient Information

Name: _____
 Address: _____
 Date of Birth: _____
 Health Card #: _____ VC: _____

Gender: Male Female

Language if unable to speak English: _____

Phone: _____
 Alternate Phone: _____
 Email: _____

DIAGNOSIS:

- Osteoarthritis Inflammatory arthritis
 Post-traumatic arthritis Other: _____

REASON FOR REFERRAL:

- Primary Replacement:
 Hip Right / Left Knee Right / Left
URGENCY: Routine Urgent

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, lateral of knee flexed at 30°, skyline

Hip: AP pelvis, AP and lateral of affected hip, Cross table lateral

Patients are required to bring their X-Rays to their appointment.

In the setting of osteoarthritis, MRI is not recommended.

CURRENT SYMPTOMS (check all that apply)

- Pain with activity: Mild Moderate Severe
 Pain at rest/night: Mild Moderate Severe
 Other: _____

TREATMENTS TO DATE (check all that apply)

- 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

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