

# Request for Orthopaedic Consultation

## Hip and Knee Arthritis Program

Referral Date: \_\_\_\_\_ YYYY MM DD

**FAX: (855) 526-5322 PLEASE NOTE: ALL REFERRALS ARE TO BE SENT TO CENTRAL INTAKE.**

**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:** Bilateral knee weightbearing AP and tunnel views, lateral knee flexed at 30°, skyline

**Hip:** AP pelvis, AP and lateral of affected hip

**X-Rays will be viewed through PACS or Portal. An MRI is not recommended.**

**Patients must bring their X-Ray images & report to the consult if not accessible via PACS / Portal**

**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: \_\_\_\_\_  
 WSIB Claim #: \_\_\_\_\_  
 Gender:  Male  Female  
 Language if unable to speak English: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Alternate Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**CONSULTATION OPTIONS**

- First available surgeon within South West LHIN (shortest total wait time)
- Preferred Surgery Location (OPTIONAL – Please indicate any preferences for locations / surgeons  
**Please note that all follow-up care will be provided by the treating surgeon in the location where the patient attends their surgical consult / surgery is performed.**

**London Health Sciences Centre (UH)**

- Dr. J. Howard
- Dr. B. Lanting
- Dr. S. MacDonald
- Dr. R. McCalden
- Dr. D. Naudie
- Dr. E. Schemitsch
- Dr. E. Vasarhelyi

**Woodstock General Hospital**

- Dr. A. Bigham (hip only)
- Dr. S. Petis
- Dr. G. Xenoyannis

**Strathroy General Hospital**

- Dr. V. Rajgopal

**Grey Bruce Regional Health Service**

- Dr. J. Adlington
- Dr. E. Haider
- Dr. J. Henning
- Dr. S. Manwell

**St. Thomas Elgin General Hospital**

- Dr. A. Cervinka
- Dr. A. Van Houwelingen

**Stratford General Hospital**

- Dr. J. Guy
- Dr. C. MacLean
- Dr. R. Pototschnik

**Additional requests:** \_\_\_\_\_

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## Hip and Knee Arthritis Program

<b>DIAGNOSIS:</b> <input type="checkbox"/> Right Hip <input type="checkbox"/> Left Hip <input type="checkbox"/> Right Knee <input type="checkbox"/> Left Knee <input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Inflammatory arthritis <input type="checkbox"/> Other:	<b>REASON FOR REFERRAL:</b> <input type="checkbox"/> Primary Replacement <input type="checkbox"/> Opinion on <u>prior</u> replacement <input type="checkbox"/> Opinion/management advice <input type="checkbox"/> Other:
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**Routine**

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**Urgent – rationale:**

**PAST MEDICAL / SURGICAL HISTORY & MEDICATIONS**

**Please indicate if the following apply to the patient as this may impact the location of surgery:**

<input type="checkbox"/> Implanted Cardiac Defibrillator	<input type="checkbox"/> Pacemaker dependent
<input type="checkbox"/> Dialysis Dependent	<input type="checkbox"/> Jehovah’s Witness

Please attach all pertinent medical information, including past medical / surgical conditions and current medication list.

**TREATMENTS TO DATE** (check all that apply)

<input type="checkbox"/> Analgesics	<input type="checkbox"/> NSAIDs	<input type="checkbox"/> Injections: <input type="checkbox"/> Steroid <input type="checkbox"/> Viscosupplement
<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Exercise/weight loss	<input type="checkbox"/> Surgery:
<input type="checkbox"/> Other:		

**Please note or forward any additional information that will assist us in determining urgency:**

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**Patients can select any location or surgeon preferences that they wish to consider. Patients who meet the criteria for Rapid Access Clinic assessment will be seen by an Advanced Practice Provider (APP). The APP assessment will be offered in the closest Rapid Access Clinic to the patient’s residence, for their convenience, regardless of which surgical consult location has been identified in the referral.**

For use by Central Intake	Referral ID#:	MRN#:
Triage code:	Reviewed by:	Date:

