

Request for Orthopaedic Consultation

Hip and Knee Arthritis Management

Referral Date: YYYY

MM

DD

FOR CENTRAL INTAKE USE ONLY

Referral Tracking Number (RTN):

Processed by: Initials YYYY MM DD

FAX: 1-833-222-9065**All information above the double line must be complete.****CONSULTATION OPTIONS** (please select **one** option only)

- Preferred Surgeon: Dr. Name Organization First available surgeon (anywhere in the LHIN)
- First available assessment/hospital (anywhere within the LHIN, which may not be closest to the patient's home)
- Peterborough Regional Health Centre (*select site*) Ross Memorial Hospital (*select site*)
- Peterborough site Haliburton satellite (OTN) Lindsay site Haliburton satellite (OTN)
- Scarborough Health Network (*select site*) Lakeridge Health (*select site*)
- General site Centenary site Oshawa Hospital Ajax-Pickering Hospital
- Hospital closest to home Other hospital: _____

Referring Primary Care Provider Information

Name: _____

Specialty: _____

Address: _____

Phone: _____

Fax: _____

Billing #: _____

Signature: _____

Family Physician Information (if different)

Name: _____

Phone: _____

Patient Information

Name: _____

Address: _____

Postal Code: _____ City: _____

Date of Birth: _____

Health Card #: _____ VC: _____

Sex: _____

Official Language preferred: French English

Other language _____

Phone: _____

Alternate Phone: _____

DIAGNOSIS: Hip: R/ L Knee: R/ L

- Osteoarthritis Inflammatory arthritis
- Post-traumatic arthritis Other: _____

REASON FOR REFERRAL:

- Primary Replacement: Hip Knee
- Opinion/management advice: Hip Knee

X-RAY CONDUCTED WITHIN 6 MONTHS IS REQUIRED FOR REFERRAL – SEE BELOW FOR VIEWS

- Patient will bring a CD or digital download of their X-Ray to appointment

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.****CURRENT SYMPTOMS** (check all that apply)

- Locking Instability/giving way Swelling
- 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 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

Central Intake Telephone: 905-576-8711 ext 33830

Date updated: 2023-03-21

**Lakeridge Health****ROSS MEMORIAL HOSPITAL**
Kawartha Lakes