

Request for Orthopaedic Consultation

Hip and Knee Arthritis Program

FAX: (855) 526-5322 PHONE: (519) 685-8500 x37873

• South West
• **Musculoskeletal**
• Rapid Access Clinic

Referral Date: YYYY/MM/DD

Routine Urgent – rationale:

X-RAY REPORTS WITHIN 6 MONTHS MUST ACCOMPANY REFERRAL. MRI is NOT recommended.

Knee: Bilateral knee standing AP & tunnel, lateral knee at 30°, skyline **Hip:** AP pelvis, AP and lateral hip

Referring Physician Information

Name: _____
Specialty: _____
Address: _____
City/PC: _____
Phone: _____
Fax: _____
Email: _____
Billing #: _____
Signature: _____
PCP (if different): _____

Patient Information

Name: _____
Address: _____
City/PC: _____
Date of Birth: _____
Health Card #: _____ VC: _____
WSIB Claim #: _____
Gender: Male Female _____
 Interpreter, language: _____
Primary Phone: _____
Alternate Phone: _____
Email: _____

SURGICAL CONSULTATION: First available (shortest total wait time) **OR** Select preference

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

TILLSONBURG DISTRICT MEMORIAL

- Dr. C. Inculet

Other: _____

GREY BRUCE REGIONAL HEALTH SERVICE

- Dr. J. Adlington
- Dr. G. Costa
- Dr. E. Haider (knee only)
- Dr. S. Manwell

ST. THOMAS ELGIN GENERAL HOSPITAL

- Dr. M. Sellan
- Dr. A. Van Houwelingen

STRATFORD GENERAL HOSPITAL

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

STRATHROY GENERAL HOSPITAL

- Dr. V. Rajgopal

RAC assessment will precede surgical consult

DIAGNOSIS (PLEASE SEND REVISION REFERRALS DIRECTLY TO SURGEON)

- Right Hip Left Hip Moderate to severe OA Mild OA, not responding to treatment
- Right Knee Left Knee Inflammatory arthritis Other:

REASON FOR REFERRAL Primary Replacement Opinion/management advice

Has patient been referred to another specialist for this issue? (attach consult) YES NO

Has patient had a joint replacement previously? YES Date/Surgeon: _____ NO

Notes:

PLEASE INCLUDE CPP (Cumulative Patient Profile) and indicate if any of the following apply:

- ICD Pacemaker Dialysis Blood product refusal A1c _____

Please note: Patients may be asked about their interest in participating in relevant research studies.