Ontario
Erie St. Clair Local Health Integration Network

Request for Orthopaedic Consultation
ESC LHIN Hip and Knee Arthritis Program

Referral Date: (dd/mmm/yyyy)

FAX: (855) 519-6611 **Tel: 1 888 310-8881 ext 5430**

Consultation Options - select one or referral will be processed as "next available"

☐ Next available appointment in (City):

☐ Preferred Site ☐ Bluewater Health ☐ Chatham-Kent Health Alliance ☐ Windsor Regional Hospital

☐ Other

☐ Preferred Surgeon – Dr.

All information must be complete

Referring Provider Information

Name:
Specialty:
Address:
Tel:
Fax:
Email:
Billing #:
Signature:

Primary Care Provider Information

(if different)
Name:
Tel:

Patient Information

Name:
Address:
City/Postal Code:
Tel: Alt Tel:
Email:
Date of Birth: (dd/mmm/yyyy)
Height (cm): Weight (kg):
Health Card #: VC:
WSIB Claim #: Injury Date:
Gender: ☐ Male ☐ Female
Preferred Language ☐ English ☐ French ☐ Other
Is an interpreter needed? ☐ Yes ☐ No
Alternate contact if needed:
Name: Tel:

DIAGNOSIS: ☐ Hip ☐ Knee

☐ Osteoarthritis ☐ Inflammatory arthritis
☐ Post-traumatic arthritis ☐ Failed hip/knee replacement
☐ Other:

Reason for Referral:

☐ Primary Replacement: ☐ Hip ☐ Knee ☐ Bilateral
☐ Opinion on prior replacement: ☐ Hip ☐ Knee
☐ Opinion / management advice: ☐ Hip ☐ Knee

URGENCY: ☒ Routine

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:

Hip: AP pelvis, AP and lateral of affected hip | **Knee**: AP weight bearing, lateral of knee flexed at 30°, skyline

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

In the setting of osteoarthritis, MRI is not usually further contributory and is not recommended.

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 ☐ Viscosupplementation
☐ 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