

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	Patient Information	
Name:	Name:	
Specialty:	Address:	
Address:	City/Postal Code:	
	Tel:	Alt Tel:
	Email:	
Tel:	Date of Birth: (dd/mmm/yyyy)	
Fax:	Height (cm):	Weight (kg):
Email:	Health Card #:	VC:
Billing #:	WSIB Claim #:	Injury Date:
Signature:	Gender:	☐ Female
Primary Care Provider Information	Preferred Language	☐ French ☐ Other
(if different)	Is an interpreter needed? Yes	☐ No
Name:	Alternate contact if needed:	
Tel:	Name:	Tel:
DIAGNOSIS: ☐Hip Right ☐Left	Reason for Referral:	
Knee ☐ Right Left	Primary Replacement:	☐ Hip ☐ Knee ☐ Bilateral
Osteoarthritis Inflammatory arthritis	Opinion on <u>prior</u> replacement:Opinion / management advice:	☐ Hip ☐ Knee ☐ Hip ☐ Knee
Post-traumatic arthritis Failed hip/knee replacement Other:	URGENCY: Routin	
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)	TREATMENTS TO	DATE (check all that apply)
☐ Locking ☐ Instability/giving way	☐ Swelling ☐ Analgesics ☐	Non-steroidal anti-inflammatory drugs
Pain with activity: Mild Moderate	☐ Severe ☐ Injections ☐	Steroid Viscosupplementation
│ │ Pain at rest/night:	Severe	Physiotherapy ss
CURRENT ASSISTIVE DEVICES MEDICATIONS & MEDICAL HISTORY (please attach		
☐ None ☐ Cane(s) ☐ Crut	ches patient profile)	ILDIO (LINGI OTT) (piodos dilasti
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		