

Musculoskeletal Central Intake

North Simcoe Muskoka

Hip & Knee Arthritis

Phone (705) 735-0239

Toll Free Fax (866) 449-0994 – Referrals Only

Fax (705) 792-3329 – Referrals Only

REFERRAL DATE: (YYYY/MM/DD)

REFERRING PHYSICIAN:

Physician Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____

Fax: _____

Physician Billing #: _____

Signature: _____

PATIENT INFORMATION:

Patient Name: _____

DOB: (YYYY/MM/DD) Gender: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____

HCN: _____

WSIB #: _____

CONSULT OPTIONS:

☐ Next available assessment within North Simcoe Muskoka LHIN or,

☐ Preferred Clinic Location:

☐ Collingwood General and Marine Hospital

☐ Orillia Soldiers' Memorial Hospital

☐ Royal Victoria Regional Health Centre

☐ Preferred Surgeon: _____

REASON FOR REFERRAL:

Moderate to severe arthritis

Knee: ☐ Right ☐ Left ☐ Bilateral

Hip: ☐ Right ☐ Left ☐ Bilateral

IMAGING INSTRUCTIONS:

X-ray report of the affected joint must be attached

If no x-ray is available from within 6 months, we recommend the following views:

Knee: AP standing / lateral / skyline / tunnel (30° flexion in standing)

Hip: AP Hip / AP Pelvis / Cross table lateral of affected hip

Patients are required to bring their x-ray disc with them to their appointment.

Please attach any other relevant imaging.

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

TREATMENTS TO DATE: (check all that apply)

☐ Acetaminophen

☐ Steroid Injections

☐ Physiotherapy

☐ Walking Aids

☐ NSAID/COXIB

☐ Viscosupplementation

☐ Exercise

☐ Braces

☐ Opioids

☐ Weight Loss

☐ GLA:D Canada

☐ Smoking Cessation

MEDICATIONS AND MEDICAL HISTORY:

Please attach relevant medical history or cumulative patient profile (medications, co-morbidities, allergies, surgeries, etc.)

Clinic use only:

Received: _____

Reviewed: _____

RVH-1735 30-January-2019



R.MRACR