

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:			
<input type="checkbox"/> Next available assessment within North Simcoe Muskoka LHIN <u>or</u> ,			
<input type="checkbox"/> Preferred Clinic Location:			
<input type="checkbox"/> Collingwood General and Marine Hospital			
<input type="checkbox"/> Orillia Soldiers' Memorial Hospital			
<input type="checkbox"/> Royal Victoria Regional Health Centre			
<input type="checkbox"/> Preferred Surgeon: _____			
REASON FOR REFERRAL:			
Moderate to severe arthritis			
Knee: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral			
Hip: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> 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)			
<input type="checkbox"/> Acetaminophen	<input type="checkbox"/> Steroid Injections	<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Walking Aids
<input type="checkbox"/> NSAID/COXIB	<input type="checkbox"/> Viscosupplementation	<input type="checkbox"/> Exercise	<input type="checkbox"/> Braces
<input type="checkbox"/> Opioids	<input type="checkbox"/> Weight Loss	<input type="checkbox"/> GLA:D Canada	<input type="checkbox"/> 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:			

