

Trillium Health Partners
Shoulder Rapid Access Clinic (RAC) Referral Form

Fax: 1-833-230-6623
Phone: (905) 338-2983
www.mhcentralintake.com

Preferred Surgeon if a patient is deemed a surgical candidate

☐ First Available Surgeon ☐ Preferred Surgeon, Dr. _____

*** PATIENT INFORMATION**

Last name: _____

First name: _____

DOB: _____
DD/MM/YYYY

OHIP#: _____ VC: _____

Phone: _____ ☐ Home ☐ Business ☐ Mobile

Alternate Phone: _____

Address: _____

City: _____ Postal Code: _____

Email: _____ Gender: _____

Preferred Language: ☐ English ☐ French ☐ Other _____ Is an interpreter required? ☐ Yes ☐ No

Barriers to Communication: ☐ Cognitive Impairment ☐ Hearing Impairment ☐ Sight Impairment ☐ Other: _____

*** Affected Shoulder:** ☐ Right ☐ Left ☐ Bilateral

Duration of symptoms or date of onset: _____

*** DIAGNOSIS (Reason for Consult)**

- ☐ Impingement syndrome/Bursitis/Partial thickness rotator cuff tear
☐ Frozen shoulder
☐ Shoulder dislocation, Recurrent instability
☐ Full thickness Rotator cuff tear
☐ Prior shoulder surgery with: persisting symptoms > 12 months' post surgery, new trauma, 2nd opinion post prior surgery
☐ Long head of biceps tendon/labral pathology
☐ Shoulder arthritis (Osteoarthritis, Rheumatoid arthritis, Inflammatory joint disease, Cuff tear arthropathy, Post fracture malunion/non-union)
☐ Other: _____

*** DIAGNOSTIC IMAGING**

Mandatory shoulder X-ray required: True and internal rotation AP views, Trans-Scapular, and True Axillary views

Patients must bring images of the X-ray

Please forward all relevant medical information or additional investigation reports (e.g. Ultrasound, MRI) if available for review

MEDICATIONS & MEDICAL HISTORY

(Cumulative Patient Profile (CPP) Required - please attach medication list and other pertinent information)

*** REFERRING PROVIDER INFORMATION:** ☐ MD ☐ NP ☐ Other _____

Name (Printed): _____

Phone: _____

Address: _____

Fax: _____

Signature: _____

Billing#: _____ Date: DD/MM/YYYY

FAMILY PHYSICIAN INFORMATION (if different than above)

Name: _____ Phone: _____

*** Mandatory Information**

ONLY COMPLETED REFERRALS WILL BE ACCEPTED

REFERRAL CRITERIA

INCLUSION CRITERIA

- Patients **MUST** be 18 years of age or older with shoulder pain

EXCLUSION CRITERIA

- Active shoulder related WSIB or MVA claim
- Upper extremity radicular pain
- Hypermobility syndromes like Ehlers- Danlos, Marfan syndrome (if referring for instability)
- Acute/subacute fracture, infection, malignancy
- < 18 years of age

IMPORTANT INFORMATION

Central Intake will ONLY process completed referrals.

- Ensure all required sections of referral are fully completed & attached
- Referrals that don't have accompanying imaging will not be processed
- This referral is NOT for URGENT cases e.g. Fractures & Tendon Ruptures
- Please note that if MULTIPLE joints/problem areas are selected, the patient may need to attend more than one appointment at separate locations

MANDATORY REFERRAL INFORMATION

Patient Information: Last Name, First Name, DOB, OHIP, Address, Phone Number

Primary Problem: Indication of which side (left, right or bilateral)

Diagnosis: At least one must be selected

Clinical Information: X-Ray report on the corresponding joint completed within the last 9 months (MRIs or Ultrasounds are not required)

Referring Provider: Name, Address, Phone number, Fax number, Billing number, Signature

Cumulative Patient Profile (CPP): Not mandatory but Central Intake is to request for all referrals, document attempt in the Central Intake banner, if referral is otherwise complete route to RAC. Once CIP receives CPP after routing they are to attach to referral. (Mandatory for Surgeons Offices)

PROGRAM INFORMATION

The Rapid Access Clinic provides patients with an assessment by an Advanced Practice Provider (Regulated Healthcare Professional with advanced training in orthopaedic care) within 2-4 weeks of when the referral is received by the Central Intake Program. The Advanced Practice Provider conducts a standardized assessment and based on results, patients will be referred for surgical consult or provided with non-surgical recommendations. Along the care continuum, the Primary Care Provider and/or the referring provider will receive updates on the patient's referral status, assessment and care recommendations.



Mississauga Halton
Central Intake Program

