

Central West Hip/Knee Osteoarthritis Rapid Access Clinic Referral



Referral Date: YYYY MM DD

FAX: 1-855-508-6692 All information above the double line must be complete.

CONSULTATION OPTIONS (select one or referral will be processed as "next available")

- ☐ **Next available appointment within _____ LHIN**
- ☐ **Preferred Rapid Access Clinic**
☐ Headwaters Health Care Centre ☐ Etobicoke General ☐ Brampton Civic ☐ Other _____
- ☐ **Preferred Hospital for Surgery**
☐ Brampton Civic ☐ Other _____
- ☐ **Preferred Surgeon, Dr.** _____

Referring Provider Information

Name: _____
 Specialty: _____
 Street: _____
 City/Town: _____
 Postal Code: _____
 Phone: _____
 Fax: _____
 Email: _____
 Billing #: _____
 Signature: _____

Family Physician Information (if different)

Name: _____
 Phone: _____

Patient Information

Name: _____
 Street: _____
 City/Town: _____
 Postal Code: _____
 Date of Birth: _____ VC: _____
 Health Card #: _____
 WSIB Claim #: _____

Gender: ☐ Male ☐ Female
 Preferred language if unable to speak English: _____

Phone: _____
 Alternate Phone: _____
 Email: _____

DIAGNOSIS: ☐ Hip Right / Left ☐ Knee Right / Left
☐ Osteoarthritis ☐ Inflammatory arthritis ☐ Fracture
☐ Post-traumatic arthritis ☐ Failed hip or knee replacement
☐ Joint derangement not yet diagnosed
☐ Other: _____

REASON FOR REFERRAL:

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

URGENCY: ☐ Routine ☐ Urgent *NOTE: criteria as per pg. 2 MUST be attached or will be processed as 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 hip/knee OA views:
Knee: AP weight bearing, lateral of knee flexed at 30°, skyline | **Hip:** AP pelvis, AP and lateral of affected hip

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 ☐ Viscosupplement
☐ 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?

For questions, please call the Central West Central Intake Program at: 905-796-0040 ext. 7175



Central West Hip/Knee Osteoarthritis Rapid Access Clinic Referral



MSK Rapid Access Clinic Hip & Knee

PROGRAM INFORMATION

The Rapid Access Clinic for hip and knee arthritis provides patients with an assessment by an Advanced Practice Provider within 4-6 weeks of when the completed referral is received by the Central Intake Program. An Advanced Practice Provider is a Regulated Healthcare Professional such as a Physiotherapist, Registered Nurse, Nurse Practitioner or Chiropractor with additional training in orthopedic care. The Advanced Practice Provider conducts a standardized assessment and based on results, patients will be referred for surgical consult or provided with conservative management recommendations. Along the care continuum, primary care providers will receive updates on the patient's journey.

CRITERIA FOR REFERRALS VIA CENTRAL INTAKE

Referrals fitting this criteria will be routed to the Rapid Access Clinic (RAC) and seen within 14-28 business days

- ☐ Moderate to severe hip or knee osteoarthritis
- ☐ Patients 18 years or older

URGENT CRITERIA

(To be routed **to RAC** and seen within 7-10 business days)

- ☐ Avascular necrosis of the hip or knee (AVN)
- ☐ Spontaneous osteonecrosis of the knee (SONK)

URGENT CRITERIA

(To be routed **directly to surgeon** and seen within 7-10 business days)

- ☐ Prior arthroplasty within periprosthetic fracture, infection, recurrent dislocation
- ☐ An immediate threat to the role and independence, potentially requiring hospitalization within 4 weeks

RAPID ACCESS CLINIC LOCATIONS

Brampton:
Brampton Civic Hospital
2100 Bovaird Drive E
Brampton, ON
L6R 3J7

Etobicoke:
Etobicoke General Hospital
115 Humber College Blvd
Etobicoke, ON
M9V 1R8

Orangeville:
Headwaters Health Care Centre
100 Rolling Hills Drive
Orangeville, ON
L9W 4X9

SURGERY HOSPITAL SITES

William Osler Health System
Brampton Civic Hospital
Brampton Civic Hospital
2100 Bovaird Drive E
Brampton, ON
L6R 3J7

ORTHOPAEDIC SURGEONS

FOR UP-TO-DATE SURGEON INFORMATION PLEASE VISIT THE "For HSP" SECTION OF THE CENTRAL WEST LHIN'S WEBSITE AT: centralwestlhin.on.ca

