

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 PROVIDER:	
Provider Name: _____	Patient Name: _____
Address: _____	DOB: (YYYY/MM/DD) Gender: _____
City: _____ Postal Code: _____	Address: _____
Phone: _____	City: _____ Postal Code: _____
Fax: _____	Phone: _____
Provider Billing #: _____	HCN: _____
Signature: _____	WSIB #: _____
CONSULT OPTIONS:	
☐ Next available assessment within North Simcoe Muskoka LHIN <u>or</u>	
☐ 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
☐ NSAID/COXIB	☐ Viscosupplementation
☐ Opioids	☐ Weight Loss
☐ Physiotherapy	☐ GLA:D Canada
☐ Walking Aids	☐ Smoking Cessation
☐ Braces	
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