



WOMEN'S COLLEGE HOSPITAL
Healthcare | REVOLUTIONIZED

76 Grenville Street, Toronto, Ontario M5S 1B2

Tel: 416-323-6014 Fax: 416-323-6198

SURGICAL SERVICES AMBULATORY

PRIMARY TOTAL JOINT PROGRAM

HIP AND KNEES REFERRAL FORM

PATIENT INFORMATION
(Affix Patient Label/Identification Here)

Name: _____ Date of Birth: ____ / ____ / ____
DD/MM/YYYY

Health Card: _____ Version Code: _____

Address: _____

Telephone: _____ Alternate: _____

Referral Date: _____ Specific Surgeon? No (first available)
DD/MM/YYYY Yes (Dr. _____)

ADDITIONAL PATIENT INFORMATION

Other insurance coverage (IFH, UHIP, other.) Self-pay

Language spoken: _____ Interpreter required: Yes No

Allergies: _____

Gender: _____

REFERRING PROVIDER INFORMATION

Name: _____ Billing number: _____

Address: _____

Telephone: _____

Fax: _____ Signature: _____

Alternate report sent to:
(name/contact information)

REASON FOR REFERRAL

Diagnosis and/or chief complaint:

Previous management:

X-RAY REPORTS OF THE AFFECTED JOINT MUST ACCOMPANY REFERRAL

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

Knee: Anterior posterior (AP) weight bearing, lateral of knee flexed at 30°, skyline

Hip: Anterior posterior (AP) Pelvis, Anterior posterior (AP) of affected hip and cross table lateral

Patients are required to bring their X-Rays to their appointment.

In the setting of osteoarthritis, MRI is not recommended.

CURRENT SYMPTOMS (check all that apply)

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

MEDICATIONS AND MEDICAL HISTORY

(please attach patient profile)

Has there been a recent significant change in function, pain level and/or range of motion? Yes No

Are there systemic signs (e.g., fever, chills)? Yes No

Other significant issues? _____

