



WOMEN'S COLLEGE HOSPITAL
 Healthcare | REVOLUTIONIZED
 76 Grenville Street, Toronto, Ontario M5S 1B2

**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: _____
 DD / MM / YYYY

Specific Surgeon? No (first available) Yes - Please check the physician's name below:
 Dr. David Backstein – Mount Sinai Hospital
 Dr. Paul Kuzyk – Mount Sinai Hospital
 Dr. Oleg Safir – Mount Sinai Hospital
 Dr. Jesse Wolfstadt – Mount Sinai Hospital
 Dr. Michael Zywiell – Toronto Western Hospital

ADDITIONAL PATIENT INFORMATION

Preferred name: _____
 Gender : _____ Pronouns: He/Him She/Her They/Them Other _____
 Interpreter required: Yes No Language spoken: _____
 Other insurance coverage (IFH, UHIP, other.): _____ Self-pay
 Allergies: _____

REFERRING PROVIDER INFORMATION

Name: _____ Billing number: _____
 Address: _____
 Telephone: _____ Signature: _____
 Fax: _____

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.





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<p>CURRENT SYMPTOMS (check all that apply)</p> <p><input type="checkbox"/> Pain with activity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p> <p><input type="checkbox"/> Pain at rest/night: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p> <p><input type="checkbox"/> Other: _____</p>	<p>TREATMENTS TO DATE (check all that apply)</p> <p><input type="checkbox"/> Analgesics <input type="checkbox"/> Non-steroidal anti-inflammatory drugs</p> <p><input type="checkbox"/> Injections <input type="checkbox"/> Steroid <input type="checkbox"/> Viscosupplement</p> <p><input type="checkbox"/> Arthroscopy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Exercise/weight loss</p> <p><input type="checkbox"/> Other: _____</p>
<p>CURRENT ASSISTIVE DEVICES</p> <p><input type="checkbox"/> None <input type="checkbox"/> Cane(s) <input type="checkbox"/> Crutches</p> <p><input type="checkbox"/> Rollator/Walker <input type="checkbox"/> Wheelchair</p>	<p>MEDICATIONS AND MEDICAL HISTORY (please attach patient profile)</p>
<p>Has there been a recent significant change in function, pain level and/or range of motion? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are there systemic signs (e.g., fever, chills)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other significant issues? _____</p>	

SURGEONS' NAMES AND CONTACT INFORMATION

Dr. David Backstein – Mount Sinai Hospital

Area of Expertise: Total knee replacement, partial knee replacement
 Fax Referrals to: 416-586-8678
 Office Phone Number: 416-586-8457

Dr. Paul Kuzyk – Mount Sinai Hospital

Area of Expertise: Minimally invasive total hip replacement, total knee replacement
 Fax Referrals to: 416-586-8673
 Office Phone Number: 416-586-4653

Dr. Oleg Safir – Mount Sinai Hospital

Area of Expertise: Minimally invasive total hip replacement
 Fax Referrals to: 647-826-8019
 Office Phone Number: 416-586-4653

Dr. Jesse Wolfstadt – Mount Sinai Hospital

Area of Expertise: Total knee replacement, partial knee replacement
 Fax Referrals to: 416-586-8678
 Office Phone Number: 416-586-4800 ext. 2835

Dr. Michael Zywiell – Toronto Western Hospital

Area of Expertise: Total knee replacement, partial knee replacement, direct anterior (DAA) total hip replacement
 Fax Referrals to: 416-603-3437
 Office Phone Number: 416-603-5359

