Musculoskeletal Central Intake

North Simcoe Muskoka

Hip & Knee ArthritisPhone (705) 735-0239Toll Free Fax (866) 449-0994 – Referrals OnlyFax (705) 792-3329 – Referrals Only

REFERRING PHYSICIAN: PATIENT INFORMATION: Physician Name:	REFERRAL DATE: (YYYY/MM/DD)		
Address: DOB: (YYYY/MM/DD): Gender: Address: City: Postal Code: Address: Phone:	REFERRING PHYSICIAN:	PATIENT INFORMATION:	
City: Postal Code: Address: Phone:	Physician Name:	Patient Name:	
City: Postal Code: Address: Phone:	Address:	DOB: (YYYY/MM/DD) Gender:	
Phone:	City: Postal Code:	Address:	
Fax: Phone: Physician Billing #: HCN: Signature: WSIB #: CONSULT OPTIONS: ORING Location: Collingwood General and Marine Hospital Orillia Soldiers' Memorial Hospital Orillia Soldiers' Memorial Hospital Reason FOR REFERRAL: Moderate to severe arthritis Knee: Right Left Bilateral Hip: Right Left Bilateral Hip: Acataming / 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 Physiotherapy Walking Aids NSAID/COXIB		City: Postal Code:	
Physician Billing #: HCN: Signature: WSIB #: CONSULT OPTIONS: WSIB #: ONExt available assessment within North Simcoe Muskoka LHIN or. Preferred Clinic Location: Collingwood General and Marine Hospital Orillia Soldiers' Memorial Hospital Orillia Soldiers' Memorial Hospital Orillia Soldiers' Memorial Hospital Reason FOR REFERRAL: Moderate to severe arthritis Knee: Right Left Bilateral Bilateral Hip: Right Left Bilateral Bilateral Hip: Right Left Bilateral Stray 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 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 Physiotherapy Walking Aids NSAID/COXIB Viscosupplementation Exercise Braces			
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□ NSAID/COXIB □ Viscosupplementation □ Exercise □ Braces			
□ Opioids □ Weight Loss □ GLA:D Canada □ Smoking Cessation MEDICATIONS AND MEDICAL HISTORY:	~		
Please attach relevant medical history or cumulative patient profile (medications, co-morbidities,			
allergies, surgeries, etc.)			
Clinic use only:			
Received:			
Reviewed:	Reviewed:		

