Regional Hip and Knee Replacement Program

Cornwall Community Hospital

Hôpital Montfort

Queensway Carleton Hospital

The Ottawa Hospital

Pembroke Regional Hospital

Request For Consultation

Fax: 613-721-7889

REFERRAL DATE (YYYY/MM/DD):	*INCOMPLETE REFERRALS WILL BE RETURNED
Services requested in: ☐ English ☐ French	Height: Weight:
Referring Physician Information may use stamp	Patient Information may use sticker
Name:	Name:
Specialty:	Address:
Address:	
Phone:	Phone:
Phone:	Email: Date of Birth:
Billing#:	Health Card #:
Signature:	Gender:
	Alternate Contact Information:
Family Physician Information (if different)	
Name:	
Phone:	
Clinical Information	Treatment to Date
Diagnosis:	☐ None ☐ Physiotherapy
Hip: ☐ Right ☐ Left ☐ Bilateral	☐ Weight loss ☐ GLA:D
Knee: ☐ Right ☐ Left ☐ Bilateral	☐ Cortisone injections ☐ Medications
	☐ Visco injections ☐ Bracing ☐ Cane/walker ☐ Exercise
☐ Osteoarthritis	Other:
☐ Inflammatory Arthritis☐ Post-traumatic Arthritis	
☐ Joint derangement not yet diagnosed	Surgeon Preference
Other (specify):	☐ First Available Surgeon
	☐ Specific Surgeon:
Patient specific considerations:	Diagnostic Imaging Required:
NONE	This referral MUST be accompanied by the imaging report
☐ Cognitive issues	otherwise IT WILL BE RETURNED.
☐ Language barrier☐ Hearing impairment	We REQUIRE the following specific X-rays, completed within
☐ Vision impairment	the last 3 months:
☐ Other (Specify):	
	Hip:
Does the patient want Surgery? Yes No	1. AP pelvis
Appropriate for virtual visit? ☐ Yes ☐ No	2. Lateral of affected hip
Please attach cumulative patient profile (medical history)	Knee: including WEIGHT-BEARING views
and co-morbidities, medications, and allergies.	(please note that "routine" views of the knee ARE NOT weight-bearing)
	1. Weight-bearing AP
	2. Weight-bearing flexion PA
	3. Lateral flexed at 30°
	4. Skyline view