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 | |
| Referring Physician Information may use stamp | Patient Information may use sticker |
| Name:Specialty: | Name: |
| Address: | |
| Phone: | Phone:Email: |
| Fax: | Date of Birth: |
| Billing #: | Health Card #: |
| Signature: | Gender: Male Female |
| Family Physician Information (if different) | Alternate Contact Information: |
| Name: | |
| Phone: | |
| Clinical Information Diagnosis: Hip: Right Left Bilateral Knee: Right Left Bilateral Osteoarthritis Inflammatory Arthritis Post-traumatic Arthritis Joint derangement not yet diagnosed. Other (specify): | Treatment to Date |
| Patient specific considerations: NONE | Diagnostic Imaging Required: This referral MUST be accompanied by the imaging report otherwise IT WILL BE RETURNED. |
| ☐ Cognitive issues☐ Language barrier | Otherwise IT WILL BE RETORNED. |
| ☐ 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? | 2. Lateral of affected hip |
| Please attach cumulative patient profile (medical history) and co-morbidities, medications, and allergies. | Knee: including WEIGHT-BEARING views (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 |