

Musculoskeletal Program – Knee Conditions

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):

***This referral is not to be used for urgent referrals (e.g. fractures)**

Referring Physician Information – may use stamp

Name: _____

Specialty: _____

Address: _____

Phone: _____

Fax: _____

Billing #: _____

Signature: _____

Family Physician Information (if different)

Name: _____

Phone: _____

Patient Information – may use sticker

Name: _____

Address: _____

Phone: _____

Date of Birth: _____

Health Card #: _____

Gender: Male Female

Alternate Contact Information: _____

Clinical Information

Diagnosis:

Right Left Bilateral

- ACL Injury/Tear
- Other Ligament Injury/Tear
- Meniscal Tear (patient has no more than mild OA on weight bearing X-rays)
- Loose Bodies (patient has no more than mild OA on weight bearing X-rays)
- Patellofemoral Instability
- Other:

Specify: _____

Must attach minimum 1 diagnostic imaging report: • X-Ray (weight bearing, PA flexion, lateral, skyline); or • MRI

• A **weight bearing** X-ray should be initial imaging for those > 50 years of age. If these views demonstrate > mild arthritis, a referral should be sent to the Hip and Knee Replacement Program

Treatment to Date

- None
- Physiotherapy
- Anti-Inflammatories
- Narcotics
- Massage
- Acupuncture
- Cortisone Injection(s)
- Other

Surgeon Preference:

- First Available Surgeon
- Specific Surgeon
