Champlain Regional Orthopaedic Network
ChamplainMSKcare

www.champlainmskcare.ca
Fax: 613-721-7889

Referral Form – Central Intake Knee Conditions

***This referral is <u>not</u> to be used for urgent referrals**

Referral Date (YYYY/MM/DD):

Referral Options: Please indicated patient preference for

☐ First Available Surgeon or ☐ Specific Surgeon: _____

☐ Specific Hospital: ☐ Cornwall ☐ Montfort ☐ Pembroke ☐ Queensway Carleton ☐TOH

Referring Physician Information – may use stamp

Name: _____
Address: _____
_____
Phone: _____
Fax: _____
Billing #: _____

Signature: _____

Patient Information – may use sticker

Name: _____
Address: _____
_____
Phone: _____
DOB: _____
Health Card #: _____
Gender: ☐ Male ☐ Female

Reason for Consultation:

Knee: ☐ Left ☐ Right **Location:** ☐ Anterior ☐ Medial ☐ Lateral

Diagnosis:

☐ Meniscal Tear (must have no more than mild OA) ☐ Loose Bodies (must have no more than mild OA) ☐ Patello-Femoral Instability

☐ ACL Tear (primary) ☐ ACL re-Tear (revision) ☐ Knee Malalignment

☐ Cartilage Injury (must have no more than mild OA) ☐ Multi-Ligament Injury ☐ Other: _____

Injury Details (If Appropriate): _____
_____
_____

Current Symptoms (Check All That Apply):

☐ Pain ☐ Swelling ☐ Acute

☐ Locking ☐ Instability ☐ Chronic

Treatments to Date:

☐ NSAIDs ☐ Physiotherapy ☐ Bracing

☐ Injections ☐ Surgery _____

Imaging Reports (Must Accompany Referral):

☐ X-rays* ☐ MRI ☐ CT

*If the patient is >40 years old, first diagnostic test must be <u>WEIGHT BEARING</u> knee X-rays: PA standing flexion, AP, lateral and skyline views.

If the patient has more than mild knee OA, consider non-surgical management or referral to sports medicine, and if severe OA refer to the Regional Hip and Knee Replacement Program. Please attach any additional information as required.

Nov 2025