

Hip and Knee Assessment Referral Form

Referral Date: _____

Consultation

Location/Surgeon option (choose **only one** option - 1, 2 or 3)

- 1. Preferred RJAP surgeon (view page 2 for a list of surgeons and fax numbers) Dr. _____
- 2. First available RJAP assessment date (assessment will be at any of the RJAP locations) - Fax to 905 521-2621
- 3. Preferred Hospital (First available surgeon will be selected) Choose location and fax to 905 521-2621

- | | | |
|---|---|---|
| <input type="checkbox"/> Juravinski Hospital (Hamilton) | <input type="checkbox"/> Brantford General Hospital | <input type="checkbox"/> Greater Niagara General Hospital |
| <input type="checkbox"/> St. Joseph's Healthcare Hamilton | <input type="checkbox"/> Joseph Brant Hospital (Burlington) | <input type="checkbox"/> Welland General Hospital |
| | | <input type="checkbox"/> St. Catharines General Hospital |

Patient Information

Last Name: _____ First Name: _____ Male Female
 Health Card # _____ Date of Birth: _____
 Address: _____ City: _____
 Postal Code: _____ Phone: _____

Clinical Information

Affected Joint(s): Hip: Right Left Bilateral Knee: Right Left Bilateral
Diagnosis Osteoarthritis Inflammatory Arthritis Other _____
 WSIB Patient: Y N WSIB # _____

Referring Physician Information

Name: _____ Address: _____
 City: _____ Postal Code: _____
 Phone: _____ Fax: _____
 OHIP Billing #: _____ Physician signature _____

X-ray Requirements

This referral form must be completed and faxed with the required x-ray report. These x-rays allow for appropriate triaging and diagnosis. **An MRI is not appropriate.**
 X-rays, completed at any HNHB hospital, can be accessed by the RJAP health team on *OneView*. If the x-ray is completed at a private clinic, patients are required to bring their x-rays with them on CD or film to their assessment.
 The following x-rays are to be taken and then reviewed by the referring physician, both within the last 6 months:
Knee - Standing AP, lateral and skyline **Hip - Ortho pelvis, AP and lateral shoot through**

Medications and Medical History

Attach the cumulative patient profile and medical history.

Regional Joint Assessment Program Option 1

Participating Orthopedic Surgeons

Juravinski Hospital (Hamilton)

Fax to 905 521-2621

Dr. V. Avram
Dr. J. de Beer
Dr. D. Punthakee
Dr. D. Tushinski

Dr. D. Williams
Dr. M. Winemaker

For booking inquiries, call:
905 577-8472 or 1 888-868-5568

St. Joseph's Healthcare Hamilton

Dr. A. Adili
Dr. V. Khanna

Fax to 905 540-6577
Fax to 905 540-6599

For booking inquiries, call:
905 522-1155 ext. 32907

Greater Niagara General Hospital

Fax to 905 521-2621

Dr. L. Bristow
Dr. B. Le Roux
Dr. L. Flores

Dr. C.M. Offierski
Dr. J. Ostrowski

For booking inquiries, call:
905 378-4647 ext. 53110

Welland General Hospital

Fax to 905 521-2621

Dr. M. Gunton
Dr. J. Song

For booking inquiries, call:
905 378-4647 ext. 53110

St. Catharines General Hospital

Fax to 905-521-2621

Dr. D. Martin
Dr. C. Robert

For booking inquiries, call:
905 378-4647 ext. 53110

Brantford General Hospital

Dr. J. Dill
Dr. M. Woolfrey

Fax to 519 756-5576
Fax to 519 751-5895

For booking inquiries, call:
519 751-5544 ext. 2267

Joseph Brant Hospital (Burlington)

Dr. D. Armstrong
Dr. A.J Pyper

Fax to 905 333-9775
Fax to 905 333-1474

For booking inquiries, call:
905 577-8472 or 1 888-868-5568