rjap | Regional Joint Assessment Program

1 888 868-5568

Ontario
Hamilton Niagara Haldimand Brant Local Health Integration Network
Réseau local d'intégration des services de santé de Hamilton Niagara Haldimand Brant

Hip and Knee Assessment Referral Form

Referral Date: _____

Consultation and Fax numbers

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**

☐ Juravinski Hospital (Hamilton)
☐ St. Joseph's Healthcare Hamilton
☐ Brantford General Hospital
☐ Joseph Brant Hospital (Burlington)
☐ Greater Niagara General Hospital
☐ Welland General Hospital
☐ 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 1-519-604-5533** **Fax to 1-519-900-2227**	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

niagarahealth Extraordinary Caring. Every Person. Every Time.
Hamilton Health Sciences
Brant Community Healthcare System
St. Joseph's Healthcare Hamilton
JOSEPH BRANT HOSPITAL

www.replacemyjoint.ca