

**Hip and Knee Multi-Disciplinary Clinics  
REFERRAL FORM**

PATIENT INFORMATION HERE:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

HSN: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Hip and Knee Replacement – Assessment  
of Surgical Appropriateness

**ARTHRITIS ASSESSMENT HIP AND KNEE:**

Hip  Knee  Right  Left Revision:  Yes  No

**X-ray requirements for arthritis assessment:**

*(Please send reports and x-rays to appointment)*

**Knee:** AP weight bearing, Lateral of knee flexed at 90°, Skyline

**Hip:** AP pelvis centered at pubis, AP and Lateral of Proximal half of affected femur

**Additional Patient Information:**

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Cognition: *(Allows MDC to determine if patient needs assistance during assessment.)*

Normal  Short-term memory loss  Dementia/Alzheimers  Other: \_\_\_\_\_

Diagnosis (optional): \_\_\_\_\_

**Pertinent Medical/Surgical history:**

**Comments on previous treatment:** *(such as weight loss, medication, injection, PT, brace, etc.)*

**Referral for surgical consult:** *(If neither box is checked, patient will be seen by the next available surgeon.)*

I am referring my patient to the next available surgeon.  I am referring my patient to Dr. \_\_\_\_\_  
I understand that in doing so my patient's wait time may be longer.

Referring Practitioner: \_\_\_\_\_ Discipline: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Office phone # \_\_\_\_\_ Office fax # \_\_\_\_\_

**Multi-Disciplinary Clinics in Saskatchewan:**

**Moose Jaw Multi-Disciplinary Clinic**

Phone: (306) 694-0201  
Fax: (306) 694-8710

**Regina Hip and Knee Treatment and Research Centre**

Use Orthopedic Surgeon Pooled  
Referral Form - RQHR (in both provincial EMRs), or fax request to 1-855-355-1921.

**Saskatoon Hip and Knee Clinic**

Phone: (306) 655-8208  
Fax: (306) 655-8236

**Prince Albert Multi-Disciplinary Clinic**

Phone: (306) 765-6126  
Fax: (306) 765-6284

**OFFICE USE ONLY:**

Signature: \_\_\_\_\_ Date Received (dd/mm/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_