

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

PATIENT INFORMATION HERE:

Name: _____

Address: _____

HSN: _____

D.O.B: _____

Home Phone: _____

Cell Phone: _____

Hip & 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 _____
bYI havailable 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 ** Refer directly to surgeon for assessment ** Phone: (306) 766-0432 Fax: (306) 766-7551	Saskatoon Hip & Knee Clinic ** Refer directly to surgeon for assessment ** Phone: (306) 655-8301 Fax: (306) 655-8236	Prince Albert Multi-Disciplinary Clinic Phone: (306) 765-6126 Fax: (306) 765-6284
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OFFICE USE ONLY:

Signature: _____ Date Received (dd/mm/yyyy): ____ / ____ / ____