

Regional Hip and Knee Replacement Program

Cornwall Community Hospital ■ Hôpital Montfort ■ Queensway Carleton Hospital
The Ottawa Hospital ■ Pembroke Regional Hospital

Request For Primary Hip and Knee Replacement Consultation Fax: 613-721-7889

REFERRAL DATE (YYYY/MM/DD): _____

Services Requested in English

Services Requested in French

Referring Physician Information – may use stamp

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

Family Physician Information (if different)

Name: _____
Phone: _____

Patient Information – may use sticker

Name: _____
Address: _____
Phone: _____
Date of Birth: _____
Health Card #: _____
Gender: Male Female
Alternate Contact Information:

Clinical Information

Diagnosis

- Hip** Right / Left **Knee** Right / Left
- Osteoarthritis Inflammatory Arthritis Post-traumatic arthritis
- Joint derangement not yet diagnosed Other: _____

Please attach existing x-ray reports of the affected joint

Patients will have to bring x-rays with them to appointment – done within last 3 months

We recommend the following views:

- Hip:** AP pelvis, AP and lateral of affected hip
- Knee:** AP weight bearing bilateral knees, lateral of knee flexed at 30° bilateral knees, skyline view bilateral knees, PA standing flexion

Please forward the cumulative patient report, medication list, and any additional information that will assist us in performing our examination