

# 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