

Trillium Health Partners
Shoulder Rapid Access Clinic (RAC) Referral form
Fax complete referrals to 1-833-230-6623 Tel: 905-338-2983



All information is required

Patient Information		Requester Information ☐ MD ☐ NP ☐ Other:	
First Name:		Name:	
Last Name:		Tel:	
DOB:		Fax:	
Gender:	Pronoun:	Address:	
Address:		City:	
City:		Postal Code:	
Postal Code:		Billing Number:	
Phone:		CSPO #:	
Email:		OHIP #:	
Preferred Language:		Signature:	
Surgeon Preference:		Is an Interpreter Required:	Yes Date:
First Available Surgeon		Preferred surgeon (please indicate Surgeons Name):	

Diagnosis (Reason for Consult):

- ☐ Impingement syndrome/Bursitis/Partial thickness rotator cuff tear
- ☐ Full thickness Rotator cuff tear
- ☐ Long head of biceps tendon/labral pathology
- ☐ Shoulder arthritis (Osteoarthritis, Rheumatoid arthritis, Inflammatory joint disease, Cuff tear arthropathy, Post fracture malunion/non-union)
- ☐ Symptomatic AC joint Injury/ Arthritis / Separation
- ☐ Frozen shoulder
- ☐ Shoulder dislocation, Recurrent instability
- ☐ Prior shoulder surgery with: persisting symptoms > 12 months' post surgery, new trauma, 2nd opinion post prior surgery
- ☐ Other:

Diagnostic Imaging Requirements:

- ☐ Mandatory shoulder X-ray required: True and internal rotation AP views, Trans-Scapular, and True Axillary views

Patients must bring images of the X-ray
Please forward all relevant medical information or additional investigation reports (e.g. Ultrasound, MRI) if available for review

Exclusion criteria

- ☐ Active shoulder related WSIB or MVA claim
- ☐ Upper extremity radicular pain
- ☐ Hypermobility syndromes like Ehlers- Danlos, Marfan syndrome (if referring for instability)
- ☐ Acute/subacute fracture, infection, malignancy
- ☐ < 18 years of age

What is the Rapid Access Clinic?

The Rapid Access Clinic (RAC) provides timely access to high-quality, integrated musculoskeletal (MSK) care. At the RAC, patients will be assessed by an Advanced Practitioner Provider (APP) who will conduct a standardized assessment and determine the appropriate care pathway. Patients who require a surgical intervention will be referred to an orthopedic surgeon. Patients who do not require surgery will be provided with an evidence-based self-management plan. We aim to reduce the wait time for surgical assessment, so you can receive treatment faster.

Important Information

Central Intake will ONLY process completed referrals.

- Ensure all required sections of referral are fully completed & attached
- Referrals that don't have accompanying imaging will not be processed
- This referral is NOT for URGENT cases e.g. Fractures & Tendon Ruptures
- Please note that if MULTIPLE joints/problem areas are selected, the patient may need to attend more than one appointment at separate locations
- For a full list of Orthopedic Surgeons & RAC Locations visit www.mhcentralintake.com

Mandatory Referral Information

Patient Information: Last Name, First Name, DOB, OHIP, Address, Phone Number

Primary Problem: Indication of which side (left, right or bilateral)

Diagnosis: At least one must be selected

Clinical Information: X-Ray report on the corresponding joint completed within the last 9 months (MRIs or Ultrasounds are not required)

Referring Provider: Name, Address, Phone number, Fax number, Billing number, Signature

Cumulative Patient Profile (CPP): not mandatory but Central Intake is to request for all referrals, document attempt in the Central Intake banner, if referral is otherwise complete route to RAC. Once CIP receives CPP after routing they are to attach to referral. (Mandatory for Surgeons Offices)

