Referral Form
Hip & Knee Rapid Access Clinic

Fax: 1-833-230-6623
Phone: (905) 338-2983
www.mhcentralintake.com

Patients must be 18 years of age at the time of assessment.

PREFERRED RAPID ACCESS CLINIC OPTIONS - Patients are scheduled for **first available assessment** at the location closest to their home, or they can choose: ☐ **Trillium Health Partners** ☐ **Halton Healthcare**
☐ **Other City:** _____

Preferred Surgeon if a patient is deemed a surgical candidate:
☐ First Available Surgeon ☐ Preferred Surgeon, Dr. _____
Preferred Hospital:
☐ Halton Healthcare - OTMH ☐ Trillium Health Partners - CVH ☐ Trillium Health Partners - MH
☐ Other:_____

PATIENT INFORMATION
Gender: _____
Last name: _____ First name: _____
DOB: DD/MM/YYYY OHIP#: _____ VC: _____
Phone: _____ Alternate Phone: _____
Address: _____ City: _____ Postal Code: _____
Email: _____
Preferred Language: ☐ English ☐ French ☐ Other _____ Is an interpreter required? ☐ Yes ☐ No
Barriers to Communication:
☐ Cognitive Impairment ☐ Hearing Impairment ☐ Sight Impairment ☐ Other:_____

REASON FOR REFERRAL
Primary Replacement of:
☐ Hip ☐ Right ☐ Left
☐ Knee ☐ Right ☐ Left

DIAGNOSIS
☐ Osteoarthritis (moderate/severe)
☐ Inflammatory arthritis

DIAGNOSTIC REPORT
Please attach existing x-ray reports completed within the last 3 months of the affected joint
Patients must bring x-rays with them to appointment – MRIs ARE NOT APPROPRIATE
Please provide the following mandatory views:
☐ **Hip:** AP pelvis, AP and lateral of affected hip
☐ **Knee:** AP weight bearing bilateral knees, ***lateral of knee flexed at 30º bilateral knees, skyline view bilateral knees, PA standing flexion***

MEDICATIONS & MEDICAL HISTORY
(please attach patient profile/medication list)

REFERRING PROVIDER INFORMATION: ☐ **MD** ☐ **NP** ☐ **Other** _____
Name (Printed): _____ **Phone:** _____
Address: _____ **Fax:** _____
Signature: _____ **Billing#:** _____ **Date:** DD/MM/YYYY

FAMILY PHYSICIAN INFORMATION (if different than above):
Name: _____ **Phone:** _____

ONLY COMPLETED REFERRALS WILL BE ACCEPTED

Mississauga Halton Central Intake Program
Halton Healthcare GEORGETOWN · MILTON · OAKVILLE
Trillium Health Partners Better Together
Ontario Mississauga Halton Local Health Integration Network / Réseau local d'intégration des services de santé de Mississauga Halton

Hip & Knee Rapid Access Clinic

PROGRAM INFORMATION

The Rapid Access Clinic for hip and knee arthritis provides patients with an assessment by an Advanced Practice Provider within 4 weeks of when the referral is received by the Central Intake Program. An Advanced Practice Provider is a Regulated Healthcare Professional such as a Physiotherapist, Registered Nurse, Nurse Practitioner or Chiropractor with additional training in orthopaedic care. The Advanced Practice Provider conducts a standardized assessment and based on results, patients will be referred for surgical consult or provided with non-surgical recommendations. Along the care continuum, the Primary Care Provider and/or the referring provider will receive updates on the patient's referral status, assessment and care recommendations.

REFERRAL CRITERIA

INCLUSION CRITERIA

- Moderate to severe hip or knee arthritis
- Patient MUST be 18 years or older

EXCLUSION CRITERIA

- Urgent referrals characterized by:
  - Prior arthroplasty with peri-prosthetic fracture, infection, recurrent dislocation
  - An immediate threat to role and independence, potentially requiring hospitalization within 4 weeks

RAPID ACCESS CLINIC LOCATIONS

Halton Healthcare	Trillium Health Partners

SURGERY HOSPITAL SITES

Halton Healthcare (OTMH)	Trillium Health Partners (CVH)	Trillium Health Partners (MH)
Oakville Trafalgar Memorial Hospital	Credit Valley Hospital	Mississauga Hospital
3001 Hospital Gate	2200 Eglinton Ave W	100 Queensway W
Oakville, L6M 0L8	Mississauga, L5M 2N1	Mississauga, L5M 1B8

ORTHOPAEDIC SURGEONS

FOR UP-TO-DATE SURGEON INFORMATION PLEASE VISIT:
WWW.MHCENTRALINTAKE.COM