



Orthopedic Assessment Clinic (OAC)
PRIMARY HIP AND KNEE ARTHRITIS/ARTHROPLASTY REFERRAL FORM

FAX NUMBERS: Aberdeen: 902-752-0765 Cape Breton Regional: 902-563-7855
Dartmouth General/QEII: 902-425-2725 Valley Regional: 902-678-8516

REFERRAL REQUEST

Select one of the following options: (For wait-time information please visit: https://waittimes.novascotia.ca/)

- 1. Arthritis Self-Management Program (includes education and/or exercise):
2. Intake Assessment and Surgical Consultation (if indicated). Please select one area only:
NZ - Aberdeen EZ - CB Regional CZ - Dartmouth General/Halifax Infirmary WZ - Valley Regional
Next available* surgeon (*Consult wait-time plus surgical wait-time)
Request Specific Surgeon:

*Note: Referrals related to WCB claims should be directed to the Centralized Surgical Services Program:
http://www.wcb.ns.ca/Portals/wcb/V2.6_CSSP%20Referral%20Form.pdf

REASON FOR REFERRAL - AFFECTED JOINT(S)

- Left Hip Right Hip Left Knee Right Knee

Comments:

CLINICAL INFORMATION

Patient has evidence of arthritis on clinical exam and x-ray and reports arthritis symptoms are negatively impacting their quality of life.
Duration of symptoms: 0-6 months 6-12 months 12 months and up
Patient has failed adequate trial of non-surgical treatment management.
Using medication for arthritis pain control? Yes No - Details:
Have medical conditions that may preclude or delay surgery been investigated AND treated, e.g.: cardiac, pulmonary, vascular or metabolic disease?
Current gait aids: None Cane Walker Wheelchair
Functional Limitations (ADL, IADLs): None Mild Moderate Severe
Is the patient unable to work because of impairments of their affected joint?
Has the affected joint contributed to the patient falling in the past 12 months?
Other information, i.e., medications, history, allergies, etc. (attach cumulative patient profile from EMR if possible):

REFERRAL SOURCE

Name: (Print) CPSNS#: Date: (YYYY/MON/DD)
Signature: Phone: Fax:

FOR INTERNAL USE ONLY

Date Referral Received (YYYY/MON/DD): MRN#:

Current X-ray (within 1 year) of referred joint must be available on the PACS system.
Incomplete Referrals including missing X-rays will be returned without being processed.

Knee: AP weight bearing, AP/LAT with skyline patella Hip: AP pelvis, AP/LAT affected side

