

Elgin Orthopaedics

189 Elm Street, St Thomas, ON N5R 5C4
Phone (519)637-8308 Fax (519)207-8308

Joint Consultation Request

Dr Cervinka Dr VanHouwelingen Shortest consult wait time

Name: _____
DOB (dd/mm/yy): _____ Phone: _____
Health Card: _____ SE#: _____

IS THIS PATIENT WISHING TO PURSUE SURGICAL MANAGEMENT **YES** **NO**

Reason for Referral:

Hip Problem Right Left Bilateral Previous THA (attach OR report)

Description of hip problem: _____

Knee Problem Right Left Bilateral Previous TKA (attach OR report)

Description of knee problem: _____

Current Symptoms: (check all that apply)

No Pain
 Pain with Activity: mild moderate severe
 Pain at rest/night: mild moderate severe
 Other: _____

Treatment to date: (check all that apply)

NSAIDS Physiotherapy Injections Narcotics Arthroscopy
 Other: _____

Diagnostic Testing *****required***** (from any hospital connected to PACS)

Standard Knee – AP/lateral/tunnel/skyline views **AND** Bilateral hip to ankle standing views
 Standard Hip – AP pelvis with 50mmwasher centered @ LT, right or left hip cross table lateral

Medical/Surgical History and Medications *****required***** - Attach separately if needed

Referring Physician: _____

Billing #: _____

Signature: _____

Date: _____