WATERLOO WELLINGTON Coordinated Access

Waterloo Wellington Orthopedic Referral Form
Regional Coordination Centre Local Fax Number: 519-621-8688
Toll-Free Fax Number: 1-844-237-5240
Telephone Number: 519-947-1000

Last Name:	First Name:	Gender: ☐ Male ☐ Female
DOB:	Phone (Primary):	Phone (Other):
Address:	City:	Postal Code:
Health Card #:	☐ Social Barriers:	Language Barrier: ☐ YES ☐ NO
Height: Weight:	☐ Aboriginal Status	Language Spoken:
Primary Care Provider:		Allergies: ☐ NKA

Schedule Patient for:	☐ No Preference	☐ Preferred Surgeon:	☐ Preferred City:
Referral Priority:	☐ URGENT	☐ Routine	☐ 2nd Opinion

Reason for Referral:

Note: for emergency referrals, please contact the on call surgeon

Other Clinical Information (History, Progress Notes and Medication List): ☐ Attached

Primary Problem/Area: ☐ **Required Imaging Reports Attached**

☐ Ankle ☐ R ☐ L	☐ Foot ☐ R ☐ L	☐ Hip ☐ R ☐ L	☐ Knee Replace ☐ R ☐ L
☐ Arm ☐ R ☐ L	☐ Forearm-Radius ☐ R ☐ L	☐ Hip Replace ☐ R ☐ L	☐ Pelvis
☐ Elbow ☐ R ☐ L	☐ Forearm-Ulna ☐ R ☐ L	☐ Knee ☐ R ☐ L	☐ Shoulder ☐ R ☐ L
☐ Femur ☐ R ☐ L	☐ Hand ☐ R ☐ L	☐ Knee Arthroscopy ☐ R ☐ L	☐ Tibia ☐ R ☐ L
☐ Spine:			☐ Wrist ☐ R ☐ L
☐ Other:			☐ Referred to CCAC

Symptoms:
☐ Pain on movement
Pain Level: ☐ Mild ☐ Moderate ☐ Severe
☐ Pain at rest
Pain Level: ☐ Mild ☐ Moderate ☐ Severe
☐ ROM Restrictions
☐ Difficulty sleeping
☐ Neurological deficit
☐ Joint swelling
☐ Other:

Duration of Symptoms:
☐ Acute onset
☐ 3-6 months
☐ 6-12 months
☐ Greater than 12 months
☐ Other:
☐ Started with injury
☐ WSIB#:

Treatments to Date:
☐ Bracing/Splinting
☐ Joint Injections
☐ Analgesics
☐ NSAIDs
☐ Physiotherapy
☐ Other:

Mobility Concerns:
☐ Cane
☐ Crutches
☐ Walker
☐ Wheelchair
☐ Other:

Health History:
☐ Hypertension
☐ Cognitive Impairment
☐ Renal Disease
☐ CVD
☐ Respiratory Disease
☐ CVA/Neurological
☐ Cancer
☐ Sleep Apnea
☐ Obesity
☐ Arthritis: ☐ Osteoarthritis ☐ Psoriatic ☐ Rheumatoid
☐ Diabetes: ☐ Insulin
☐ Other:

Referring Provider Information
Name:
Address:
Phone: Fax:
Billing Number: Date:
Signature:

FOR INTERNAL USE ONLY
Orthopedic Specialist:

FOR MEDICAL SPECIALIST OFFICE STAFF USE ONLY
Assessment/Triage Clinic Appt. Date:
Orthopedic Consultation Date:
Priority: ☐ 7days ☐ 30days ☐ 90days ☐ 182days
☐ Non-Surgical Candidate
☐ Incomplete Referral
Reason: