NEJAC | CÉANE
NORTH EAST JOINT ASSESSMENT CENTRE | CENTRE D'ÉVALUATION DES ARTICULATIONS DU NORD-EST

NORTH EAST JOINT ASSESSMENT CENTRE
REFERRAL FORM

PLEASE FAX TO CENTRAL INTAKE

1-855-567-7969

Supported by: / Financé par : Ontario
North East Local Health Integration Network
Réseau local d'intégration des services de santé du Nord-Est

REFERRAL DATE: DD MM YYYY	**DATE RECEIVED:** DD MM YYYY

ASSESSMENT: Your patient will be assessed at the NEJAC closest to their home (Health Sciences North, Manitoulin Health Centre, North Bay Regional Health Centre, Sault Area Hospital, Timmins and District Hospital, West Parry Sound Health Centre).

CONSULT: When your patient has been determined to be a Surgical candidate they will be given the option to select a **specific surgeon** or the **Next available surgeon** (specific site or NELHIN).

Surgeon Preference (if appropriate):

PATIENT INFORMATION	REFERRING PHYSICIAN INFORMATION
Name:	Name:
Address:	Address:
City, Postal code:	Phone: Fax:
DOB: DD MM YYYY:	Specialty:
Gender: ❒ Male ❒ Female	OHIP Billing Number:
Health Card Number:	Signature:
Phone: Alternate Phone/Contact:	**Family Physician Information** (if different from above) Name:

CLINICAL INFORMATION

Joint(s):

HIP	❒ Left	❒ Right	❒ Bilateral
KNEE	❒ Left	❒ Right	❒ Bilateral
SHOULDER	❒ Left	❒ Right	❒ Bilateral

Level of Pain: ❒ Mild ❒ Moderate ❒ Severe

Functional Limitation: ❒ Mild ❒ Moderate ❒ Severe

Diagnosis:
- ❒ Osteoarthritis
- ❒ Painful TKR /THR
- ❒ Inflammatory Arthritis
- ❒ Impingement syndrome
- ❒ Instability
- ❒ Frozen Shoulder
- ❒ Rotator cuff tear:
  - ❒ Partial thickness ❒ Full thickness
- ❒ OTHER:

Is this condition covered under WSIB? ❒ Yes ❒ No

DIAGNOSTIC IMAGING REQUIREMENTS

ATTACHED: ❒ Yes ❒ No

Knee: Bilateral Standing AP, Lateral, Skyline of affected knee(s)

Hip: AP pelvis, Lateral of affected hip(s)

Previous THR Patients: above HIP views **+** AP of Proximal half of femur (**ensure tip of stem visible**)

Shoulders X-Ray, Ultrasound, MRI Report (**minimum 1 diagnostic imaging report required**)

CURRENT MEDICATIONS LIST

ATTACHED: ❒ Yes ❒ No

NOTE: If not attached please inform patient to bring list to first NEJAC appointment.

NEJAC USE ONLY

Paper Triage Code:
- ❒ A (Direct to surgeon) Surgeon:
- ❒ B1
- ❒ B2
- ❒ C (Not Appropriate for NEJAC) Reason:

Triaged by: **Date:**

Legend: APP – Advanced Practice Physiotherapist

"This referral form has been adapted for the NELHIN with permission from Sunnybrook Holland Orthopaedic & Arthritic Centre 2010"