

Referral Form - Halton Healthcare
Shoulder Rapid Access Clinic

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

Acute fractures should be referred to the Surgeon on-call

Preferred Surgeon if a patient is deemed a surgical candidate:

First Available Surgeon Preferred Surgeon, Dr. _____ Preferred Hospital OTMH MDH GH

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: _____

Affected Shoulder: Right Left Bilateral

Duration of symptoms or date of onset: _____

Hand Dominance: Right Left

REASON FOR REFERRAL/WORKING DIAGNOSIS

MEDICATIONS & MEDICAL HISTORY (Cumulative Patient Profile (CPP) **Required** - please attach medication list and other pertinent information)

DIAGNOSTIC IMAGING

Please attach existing x-ray and ultrasound reports completed within the last 12 months.
Please provide the following mandatory views: AP (anterior posterior), transcapular lateral and axillary lateral views
Patients must bring x-ray images and ultrasound reports with them to appointment - MRIs ARE NOT REQUIRED

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

REFERRAL CRITERIA

INCLUSION CRITERIA	EXCLUSION CRITERIA
<ul style="list-style-type: none"> Patients MUST be 18 years of age or older with shoulder pain 	<ul style="list-style-type: none"> Recent or acute fracture, acute tendon rupture, infection, cancer, prior arthroplasty, isolated neck pain
RAPID ACCESS CLINIC LOCATION	SURGERY HOSPITAL SITES
Oakville Tatalagar Memorial Hospital 3001 Hospital Gate Oakville, L6M 0L8	<ul style="list-style-type: none"> Oakville Trafalgar Memorial Hospital Milton District Hospital Georgetown Hospital

ORTHOPAEDIC SURGEONS

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

PROGRAM INFORMATION

The Rapid Access Clinic provides patients with an assessment by an Advanced Practice Provider (Regulated Healthcare Professional with advanced training in orthopaedic care) within 2-4 weeks of when the referral is received by the Central Intake Program. 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.