



TOTAL JOINT ASSESSMENT CENTRE

CENTRAL SITE
North York General Hospital - Branson Site
555 Finch Avenue West, Toronto, Ontario M2R 1N5
TEL 416-635-2415 FAX 416-635-2427

SATELLITE SITE
Markham Stouffville Hospital
381 Church Street, Markham, Ontario L3P 7P3

PATIENT INFORMATION

Last Name _____ First Name _____ Gender: M F
Address _____
City _____ Postal Code _____
Phone No. _____ Alt. Phone No. _____
Health Card No. _____ Date of Birth ___/___/___
[PATIENT STICKER]

REASON FOR REFERRAL

Diagnosis Osteoarthritis Inflammatory Arthritis Other
Type Primary Joint replacement Revision Joint Replacement
Affected Joint(s) Hip R L Bilateral Knee R L Bilateral
Level of Pain mild moderate severe
Functional Limitation mild moderate severe

X-Ray Report

Knee: Lateral, Skyline, and AP standing
Hip: AP pelvis, Lateral proximal femur
Fax x-ray reports along with Referral Form

SURGEON / HOSPITAL OPTIONS

Preferred Surgeon: First Available Date / Preferred surgeon Dr. Dave Santone
Preferred Hospital: Markham Stouffville Hospital North York General Hospital

REFERRING PHYSICIAN'S INFORMATION

Last Name: _____ First Name: _____
Address _____
City _____ Postal Code _____
Phone No. _____ Fax No. _____
OHIP Billing No _____
Referring Physician's Signature: _____
[PHYSICIAN'S STICKER/STAMP]

TOTAL JOINT ASSESSMENT CENTRE USE ONLY

Assessment Centre Candidate Y N
Clinician's Signature: _____ Date: ___/___/___
DD MM YY