BARRY CAYEN, MD

Orthopaedic surgeon specializing in hip and knee replacements and sports surgery of the knee

REQUEST FOR ORTHOPAEDIC CONSULTATION

Referral Date: _____

Referring Provider Information	**Patient Information**
Name:	Name:
Specialty:	Address:
Address:	Date of Birth:
	Health Card No.:
Phone:	Version Code:
Fax:	Gender: Male / Female
Billing No.:	Needs Interpreter: Yes / No
Signature:	Phone (Home):
	Other (Cell):
Family Physician (if different)	
Name:	**Is this a work injury?** Yes | No
Phone:	WSIB Claim No.:
Fax:	

Diagnosis (select or circle all that apply):

☐ Osteoarthritis ☐ Inflammatory arthritis
☐ Joint Derangement NYD ☐ ACL tear ☐ Meniscal tear
☐ Other: _____

Body part: Hip | Knee | Other: _____

Side: Right | Left

Surgical opinion: Yes | No

Consideration For:

☐ Joint replacement
☐ ACL Reconstruction
☐ Knee Arthroscopy
☐ Injections (PRP, HA)

IMPORTANT

Please include the following information (if relevant):

Knee X-rays: Standing AP, lateral, skyline and notch views

Hip X-rays: Standing AP pelvis, AP and lateral

MRI Report for ACL and meniscus tears

Past Medical History | Current Medications | Specialist Letters | Recent Blood Work

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