



## Regional Joint Assessment Program-Brantford Site

Fax referrals for Dr. James Dill to 519 756-5576

This program is part of the Hamilton, Niagara, Haldimand and Brant Local Health Integration Network

### PATIENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Health Card # \_\_\_\_\_

Male  Female

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
D M Y

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Alt. Phone ( ) \_\_\_\_\_

### REFERRING PHYSICIAN INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ FAX: \_\_\_\_\_

### REFERRAL INFORMATION:

Affected Joint(s): **Hip:**  Right  Left  Bilateral **Knee:**  Right  Left  Bilateral

Reason for referral/imaging results: \_\_\_\_\_

WSIB Patient Indicate Y or N \_\_\_\_\_ WSIB # \_\_\_\_\_

**Please include any relevant medical history, test results, current medication list and include non-prescription and herbal. (list or attach)**

### X-RAYS are required for all patients \*\*x-ray reports are NOT adequate

**Please send x-ray films taken within 6 months with the patient.** If films are not available, please arrange for the following:

**Knee:** AP weight bearing, lateral, skyline.

**Hip:** AP – Orthopedic pelvis & shoot-through lateral affected hip.

\*\* Patients arriving without x-rays will be re-booked\*\*

Referring Physician Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
D M Y



NIAGARA HEALTH SYSTEM  
SYSTÈME DE SANTÉ DE NIAGARA



Hamilton Health Sciences



Brant Community  
Healthcare System  
The Willett, Paris  
The Brantford General

St. Joseph's  
Healthcare & Hamilton



JOSEPH BRANT  
MEMORIAL HOSPITAL