Dr. Dharini Mahendira
RHEUMATOLOGY

Osteoarthritis Clinic (OAC) Referral

Osteoarthritis assessment, injection, and non-surgical care

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1 PATIENT DEMOGRAPHICS

Patient Name: **Date of Birth:** **Sex:** ☐ M ☐ F ☐ Other

Health Card #: **Phone:** **Symptom onset / duration:**

2 REFERRING PROVIDER

Name / Credentials: **CPSO / NP Reg #:**

Clinic / Office: **Fax:** **Phone:**

3 PRESENTING JOINT(S) (check all that apply)

Hand / Wrist
- ☐ 1st CMC (thumb-base) OA
- ☐ Hand OA (DIP / PIP / nodal)
- ☐ Trigger finger
- ☐ De Quervain's tenosynovitis

Shoulder / Hip
- ☐ Shoulder OA / periarticular
- ☐ Hip OA
- ☐ Greater trochanteric pain syndrome (GTPS)

Knee / Ankle / Foot
- ☐ Knee OA
- ☐ Ankle OA
- ☐ Foot: 1st MTP OA / midfoot

Laterality: ☐ Left ☐ Right ☐ Bilateral **Specify joint / digit / side:**

Predominant symptom: ☐ Pain ☐ Stiffness ☐ Swelling ☐ Instability ☐ Loss of function **Duration:**

4 OA ASSESSMENT & CONSERVATIVE MANAGEMENT

OA is a clinical diagnosis. Age 45 or older, activity-related joint pain, and morning stiffness under 30 min are sufficient to refer. Imaging is not required and should not delay referral.

Conservative measures tried: ☐ Activity modification ☐ Physiotherapy / exercise ☐ GLA:D program ☐ Weight management ☐ Topical NSAID ☐ Oral analgesic / NSAID ☐ Bracing / orthotic ☐ Gait aid

KEY FINDINGS — Pain (0 to 10): **Prior imaging:** ☐ X-ray ☐ None Findings: **BMI:**

5 INJECTION CONSIDERATION & REASON FOR REFERRAL

Reason for referral: ☐ Diagnosis / management ☐ Consideration for injection ☐ Second opinion ☐ Co-management

Injection considered: ☐ Corticosteroid (intra-articular) ☐ Hyaluronic acid (viscosupplementation) ☐ Soft-tissue / peritendinous

Prior injection? ☐ Yes ☐ No Site / date / response:

On anticoagulant / antiplatelet? ☐ Yes ☐ No Agent: **Anaesthetic / contrast allergy:**

Current medications (list ALL, with dose):

Clinical concern / additional detail:

Referring Provider Signature: **Date:**

Please attach: relevant lab results, imaging reports, and consultation notes. Outpatient / ambulatory referrals only.