

OUTPATIENT REHAB REFERRAL FORM Hip/Knee/Shoulder Joint Replacement/Revision

This Outpatient Rehab Referral Form is for **scheduling post-surgery outpatient rehab for hip, knee and shoulder replacement or revision.**

- It may be submitted pre-operatively or post-operatively to only one organization for outpatient rehab.
- This pre-op referral form is not to be used for scheduling pre-surgery education or pre-surgery rehab.
- Not all outpatient rehab programs accept referrals pre-operatively. See [Appendix A](#) for a listing of outpatient rehab programs for details.

Required for Pre-Operative Referral Process:

Outpatient Rehab to:	<ol style="list-style-type: none"> 1. Contact patient within 4 business days of receipt of referral and provide appointment date to patient. 2. Notify Acute Care within 4 business days if date of 1st outpatient rehab appointment is beyond the requested timeframe of referral.
Acute Care to:	<ol style="list-style-type: none"> 1. Notify OPR if there is a change in surgery date or care plan.

Required Post-Operatively:

Acute Care to:	<ol style="list-style-type: none"> 1. Confirm outpatient rehab appointment with patient and/or outpatient rehab program. 2. Send a discharge summary note to outpatient rehab: The discharge summary note includes <ul style="list-style-type: none"> – relevant post-operative information (e.g., Physiotherapist and/or Physician note) – discharge date from acute care – treatment restrictions – a discharge medication list (preferred) – date of follow-up appointment with surgeon.
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Referral form is being submitted: <input type="checkbox"/> Pre-operatively <input type="checkbox"/> Post-operatively																												
Bundled care referral? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Bradma/Addressograph <i>(Please verify patient telephone #)</i>																											
Date of Referral: D/____ M/____ Y/____																												
Organization: _____																												
Referral Contact Name: _____																												
Position: _____																												
Phone or Pager: _____																												
Alternate Patient Contact: <i>(if required & authorized by patient)</i>																												
Name: _____																												
Ph: _____ Ext: _____ Relationship: _____																												
Patient is being referred to outpatient rehab for:																												
	<table style="width:100%; border:none;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;">Knee replacement</td> <td style="width:12.5%;">Revision of knee implant</td> <td style="width:12.5%;">Hip replacement</td> <td style="width:12.5%;">Revision of hip implant</td> <td style="width:12.5%;">Shoulder replacement (total)</td> <td style="width:12.5%;">Shoulder replacement (hemi)</td> <td style="width:12.5%;">Shoulder replacement (reverse)</td> <td style="width:12.5%;">Revision of shoulder implant</td> </tr> <tr> <td>Right</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Left</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table>		Knee replacement	Revision of knee implant	Hip replacement	Revision of hip implant	Shoulder replacement (total)	Shoulder replacement (hemi)	Shoulder replacement (reverse)	Revision of shoulder implant	Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Knee replacement	Revision of knee implant	Hip replacement	Revision of hip implant	Shoulder replacement (total)	Shoulder replacement (hemi)	Shoulder replacement (reverse)	Revision of shoulder implant																				
Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Other: <i>(e.g., additional procedures; resurfacing)</i> _____																												
Requested time frame for 1st outpatient rehab appointment post discharge:																												
Hip	<input type="checkbox"/> 2-3 weeks <input type="checkbox"/> 4-5 weeks <input type="checkbox"/> 6-8 weeks <input type="checkbox"/> Other _____																											
Knee	<input type="checkbox"/> within 7 days <input type="checkbox"/> Other _____																											
Shoulder	<input type="checkbox"/> 1 week <input type="checkbox"/> 2 weeks <input type="checkbox"/> 3-4 weeks <input type="checkbox"/> Other _____																											
Scheduled Date of Surgery:																												
D/____ M/____ Y/____ <input type="checkbox"/> Date unknown																												
Anticipated Date of Acute Care Discharge:																												
D/____ M/____ Y/____ <input type="checkbox"/> Date unknown																												
Patient consents to virtual care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____																												
Treatment Restrictions: <i>(if available at the time of referral)</i>																												
<input type="checkbox"/> No restrictions <input type="checkbox"/> Surgeon's instructions or post-operative protocol <i>(attached)</i> _____																												
<input type="checkbox"/> Weight Bearing _____																												
<input type="checkbox"/> ROM _____																												
<input type="checkbox"/> No active hip abduction x ____ weeks (<input type="checkbox"/> supine <input type="checkbox"/> sitting <input type="checkbox"/> standing) _____ <input type="checkbox"/> Hip precautions x ____ weeks																												
<input type="checkbox"/> Other <i>(please specify):</i> _____																												
Primary Diagnosis:	Secondary Diagnoses:																											
<input type="checkbox"/> Osteoarthritis (<input type="checkbox"/> right <input type="checkbox"/> left) <input type="checkbox"/> Rheumatoid arthritis	<input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> Hypertension																											
<input type="checkbox"/> Avascular necrosis <input type="checkbox"/> Rotator cuff tear	<input type="checkbox"/> Cardiac <i>(specify in Other)</i> <input type="checkbox"/> Respiratory <i>(specify in Other)</i>																											
<input type="checkbox"/> Other <i>(specify):</i> _____	<input type="checkbox"/> Other <i>(specify):</i> _____																											
Allergies: <input type="checkbox"/> None <input type="checkbox"/> Yes <i>(specify in Other)</i> <input type="checkbox"/> Latex																												
<input type="checkbox"/> Unknown <input type="checkbox"/> Other _____																												
Bariatric? (>350 lbs.): <input type="checkbox"/> Yes <input type="checkbox"/> No																												
Transportation Plan to Outpatient Rehab:* <input type="checkbox"/> Family to drive																												
<input type="checkbox"/> Other <i>(describe):</i> _____																												
Language spoken: <i>(if not English)</i> _____																												
Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																												
Attending Surgeon's Name: _____ Phone: _____ Fax: _____																												
Surgeon has authorized this outpatient rehab referral for this patient. <input type="checkbox"/> Yes _____																												
Family Physician's Name: _____ Phone: _____ Fax: _____																												

* Refer to Appendix B for GTA LHIN funded transportation option

**APPENDIX A: Publicly-Funded Outpatient Rehab Programs in the GTA Accepting External Referrals
(for hip, knee and shoulder replacement/revision)**

Organization* *Programs accepting external referrals (includes Network members with bundled funding agreements)	Telephone	Fax	External referrals for outpatient rehab are accepted pre-operatively and post-operatively for post-op outpatient rehab for the following procedures:	
			Type of surgery	✓
Halton Healthcare/Oakville Trafalgar Memorial Hospital 3001 Hospital Gate, Oakville L6M 0L8 (Near Third Line & Dundas St. W.)	905-845-2571 Ext. 4349	905-815-5109	Primary hip/knee replacement	✓
			Revision hip/knee	✓
			Total/hemi/reverse shoulder replacement	✓
			Revision shoulder	✓
Halton Healthcare/Milton District Hospital 7030 Derry Rd., Milton L9T 7H6 (Near Derry Rd. & Highway 25 - Bronte Rd.)	905-845-2571 Ext. 7022	905-876-7005	Primary hip/knee replacement	✓
			Revision hip/knee	✓
			Total/hemi/reverse shoulder replacement	✓
			Revision shoulder	✓
Halton Healthcare/Georgetown Hospital 1 Princess Anne Dr., Georgetown L7G 2B8 (Near Trafalgar Rd. & Maple St.)	905-845-2571 Ext. 8517	905-873-4567	Primary hip/knee replacement	✓
			Revision hip/knee	✓
			Total/hemi/reverse shoulder replacement	✓
			Revision shoulder	✓
Lakeridge Health/Ajax & Pickering Hospital 580 Harwood Ave. S., Ajax L1S 2J4 (Near Harwood Ave. & Bayly St.)	905-683-2320 Ext. 11213	905-428-5204	Primary hip/knee replacement	✓
			Revision hip/knee	✓
			Total/hemi/reverse shoulder replacement	✓
			Revision shoulder	✓
Lakeridge Health/Oshawa Hospital 58 Rossland Rd. W., Oshawa L1G 2V5 (Near Simcoe St. N. & Rossland Rd. W.)	905-576-8711 Ext. 34355	905-721-4777	Primary hip/knee replacement	✓
			Revision hip/knee	✓
			Total/hemi/reverse shoulder replacement	✓
			Revision shoulder	✓
Scarborough Health Network/ Centenary Site 2867 Ellesmere Rd., Toronto M1E 4B9 (Near Neilson Rd. & Ellesmere Rd.)	416-281-7266 (press 0)	416-281-7224	Primary hip/knee replacement	✓
			Revision hip/knee	✓
			Total/hemi/reverse shoulder replacement	✓
			Revision shoulder	✓
Sinai Health System/Hennick Bridgepoint Hospital 1 Bridgepoint Dr., Toronto M4M 2B5 (Near Broadview Ave. & Gerrard St. E.)	416-461-8252 Ext. 2278	416-461-2089	Primary hip/knee replacement	✓
			Revision hip/knee	✓
			Total/hemi/reverse shoulder replacement	✓
			Revision shoulder	✓
Southlake Regional Health Centre 596 Davis Dr., Newmarket L3Y 2P9 (Near Davis Dr. & Prospect St.)	905-895-4521 Ext. 2401	905-830-5982	Primary hip/knee replacement	✓
			Revision hip/knee	✓
			Total/hemi/reverse shoulder replacement	✓
			Revision shoulder	✓

Organization* *Programs accepting external referrals (includes Network members with bundled funding agreements)	Telephone	Fax	External referrals for outpatient rehab are accepted pre-operatively and post-operatively for post-op outpatient rehab for the following procedures:	
			Type of surgery	✓
Sunnybrook Health Sciences Centre/St. John's Rehab 285 Cummer Ave, North York M2M 2G1 (Near Yonge St. & Cummer Ave.)	416-224-6948	416-226-3358	Primary hip/knee replacement	✓
			Revision hip/knee	✓
			Total/hemi/reverse shoulder replacement	✓
			Revision shoulder	✓
Trillium Health Partners/Credit Valley Hospital 2200 Eglinton Ave. W., 3F171, Mississauga L5M 2N1 (Near Eglinton Ave. W. & Erin Mills)	905-813-1571	905-813-4184	Primary hip/knee replacement	✓
			Revision hip/knee	
			Total/hemi/reverse shoulder replacement	
			Revision shoulder	
Unity Health Toronto/Providence Healthcare 3276 St. Clair Avenue E., Toronto MIL 1W1 (Near St Clair Avenue E. & Warden Avenue)	416-285-3666 Ext. 4000	416-285-3759	Primary hip/knee replacement	✓
			Revision hip/knee	✓
			Total/hemi/reverse shoulder replacement	✓
			Revision shoulder	✓
University Health Network (UHN)/ Toronto Rehab 550 University Avenue, Toronto M5G 2A2 (Near Dundas St. & University Ave.)	416-597-3422 Ext. 4514	416-597-7174	Primary hip/knee replacement	
			Revision hip/knee	✓
			Total/hemi/reverse shoulder replacement	✓
			Revision shoulder	✓
†All referrals for UHN/Altum Health locations (see next page) are processed through the Toronto location using the one fax number. UHN/Altum Health accepts the GTA Rehab Network Outpatient Rehab Referral Form for hips, knees and shoulder referrals. Scanned email referrals can be sent via altumbundle@uhn.ca				
UHN/Altum Health – Toronto† 399 Bathurst St., 4 th Floor Krembil Discovery Tower, Toronto M5T 2S8 (Corner of Nassau St. & Leonard St.)	416-603-5092 (enquiries only)	416-603-2474	Primary hip/knee replacement	✓
			Revision hip/knee	
			Total/hemi/reverse shoulder replacement	✓
			Revision shoulder	
UHN/Altum Health – Ajax† 235 Salem Road, Unit 10 Ajax L1Z 0B1 (Near Salem Road and Achilles Road)	905-427-6555 (enquiries only)	416-603-2474	Primary hip/knee replacement	✓
			Revision hip/knee	
			Total/hemi/reverse shoulder replacement	✓
			Revision shoulder	
UHN/Altum Health – Barrie† 11 Lakeside Terrace, Suite 502, Barrie L4M 0H9	705-726-1113 (enquiries only)	416-603-2474	Primary hip/knee replacement	✓
			Revision hip/knee	
			Total/hemi/reverse shoulder replacement	✓
			Revision shoulder	
UHN/Altum Health – Brampton† 10545 Bramalea Road, Unit 1-4, Brampton L6R 3P4 (Near Sandalwood Pkwy E. & Bramalea Rd.)	905-458-9118 (enquiries only)	416-603-2474	Primary hip/knee replacement	✓
			Revision hip/knee	
			Total/hemi/reverse shoulder replacement	✓
			Revision shoulder	

Organization* *Programs accepting external referrals (includes Network members with bundled funding agreements)	Telephone	Fax	External referrals for outpatient rehab are accepted pre-operatively and post-operatively for post-op outpatient rehab for the following procedures:	
			Type of surgery	✓
UHN/Altum Health – Cambridge† 745 Coronation Boulevard, Suite 101, Cambridge N1R 0B6 (Across from Cambridge Memorial Hospital)	519-622-5885 (enquiries only)	416-603-2474	Primary hip/knee replacement	✓
			Revision hip/knee	
			Total/hemi/reverse shoulder replacement	✓
			Revision shoulder	
UHN/Altum Health – Hamilton Centennial† 516 Centennial Pkwy, N #1, Hamilton L8E 0G2 (Within the Smart Centre, Stoney Creek)	905-664-3300 (enquiries only)	416-603-2474	Primary hip/knee replacement	✓
			Revision hip/knee	
			Total/hemi/reverse shoulder replacement	✓
			Revision shoulder	
UHN/Altum Health – Hamilton Queensdale† 688 Queensdale Avenue E. Hamilton L8V 1M1 (Corner of Queensdale Ave E & Upper Sherman)	289-396-9437 (enquiries only)	416-603-2474	Primary hip/knee replacement	✓
			Revision hip/knee	
			Total/hemi/reverse shoulder replacement	✓
			Revision shoulder	
UHN/Altum Health – Mississauga† 2 Robert Speck Pkwy, Suite 110, Mississauga L4Z 1H8 (Huronario & Robert Speck Parkway)	905-897-7007 (enquiries only)	416-603-2474	Primary hip/knee replacement	✓
			Revision hip/knee	
			Total/hemi/reverse shoulder replacement	✓
			Revision shoulder	
UHN/Altum Health – Oakville† 519 Dundas St W Unit 6/7, Oakville L6M 1L9 (Near Dundas St. W. & Neyagawa Blvd.)	905-257-0073 (enquiries only)	416-603-2474	Primary hip/knee replacement	✓
			Revision hip/knee	
			Total/hemi/reverse shoulder replacement	✓
			Revision shoulder	
UHN/Altum Health – Scarborough† 2901 Sheppard Ave. E., Suite 301, Scarborough M1T 3J3 (Near Sheppard Ave. E. & Victoria Park Ave.)	416-901-5854 (enquiries only)	416-603-2474	Primary hip/knee replacement	✓
			Revision hip/knee	
			Total/hemi/reverse shoulder replacement	✓
			Revision shoulder	
UHN/Altum Health – Vaughan† 8707 Dufferin St., Unit 14/15, Thornhill L4J 0A2 (Near Dufferin St. & Confederation Pkwy.)	905-738-0007 (enquiries only)	416-603-2474	Primary hip/knee replacement	✓
			Revision hip/knee	
			Total/hemi/reverse shoulder replacement	✓
			Revision shoulder	
West Park Healthcare Centre 82 Buttonwood Ave, Toronto, M6M 2J5 (Near Jane St. & Weston Rd.)	416-243-3778	416-243-1863	Primary hip/knee replacement	✓
			Revision hip/knee	✓
			Total/hemi/reverse shoulder replacement	✓
			Revision shoulder	✓
William Osler Health System/ Brampton 2100 Bovaird Dr. E., Brampton L6R 3J7 (Near Bovaird Dr. & Bramalea Rd.)	905-494-6540	905-494-6499	Primary hip/knee replacement	<i>Accepting post-op referrals only for all conditions listed.</i>
			Revision hip/knee	
			Total/hemi/reverse shoulder replacement	
			Revision shoulder	

APPENDIX B: GTA transportation options

The Healthline.ca provides a list of transportation options by region under 'Health Services'.

Select the following categories:

- » Health Care Options
- » Home Health and Community Supports
- » Transportation – Non-Accessible and Volunteer

[Central Health Line](#)

<https://www.centralhealthline.ca/listServices.aspx?id=10321>

[Central East Health Line](#)

<https://www.centraleasthealthline.ca/listServices.aspx?id=10321>

[Central West Health Line](#)

<https://www.centralwesthealthline.ca/listServices.aspx?id=10321>

[Mississauga Halton Health Line](#)

<https://www.mississaugahaltonhealthline.ca/listServices.aspx?id=10321>

[Toronto Central Health Line](#)

<https://www.torontocentralhealthline.ca/listservices.aspx?id=10321>

Alternatively, you can contact the 2-1-1 Ontario Telephone Helpline to explore transportation services options within your area.