**GP Referral to CALHN Orthopaedic Outpatient Department**

(please print clearly)

|  |
| --- |
| Date:  |
| **Patient information**  |
| Mr/Mrs/Miss/Ms/Dr/Prof  | Surname | Previous surnames |
| Given names |  |  |
| Date of birth (NB no <18yrs) | Interpreter required Y/N | Language |
| Address |
|  | Postcode  |
| Preferred phone | Email | Medicare Number/Insurance |
| Carer details |
| Blind | Deaf | ATSI | Compensable  | Out of CALHN zone |
| Would patient agree to surgical intervention? | Diabetic – please also provide current blood sugar score HBA1C <3mths | BMI | Skin integrity issues |
| Allergies | Smoker | Vascular risks (please specify) | Undergoing dialysis  |
| Reason for referral & history of symptoms  |
| Current medications |
| Comments |

|  |
| --- |
| **General practitioner details**  |
| Name  | Provider number |
| Clinic |
| Address |
| Phone | Fax |
| Email |

Additional information required for orthopaedic assessment

|  |  |
| --- | --- |
| **Patient’s expectation of referral outcome:** **Main site affected:** **Diagnosis:** Osteoarthritis Rheumatoid arthritis Other Diagnosis unclear**Basis of diagnosis:** Clinical only \*Mandatory\* attach x-ray and report <6 mths old - date: Report attached (include weight bearing views) Other (blood results/pathology)**Past medical history****Falls:** Number in last 12 months: | **History of conservative management**(tick only those that are relevant to referral): Simple analgesics NSAIDs Cox-2 inhibitors Disease Modifying Anti- Rheumatic Drugs (DMARDs) Intra-articular injections (Corticosteroid) Prednisolone Opioid analgaesia Tramadol Physiotherapy Nutritional assessment Occupational therapy (Activity of Daily Living Assessment) Podiatry / Orthotics Home Support ServicesAlternative therapies (please list) Other:  |
| **Additional relevant information**(e.g. blood borne viruses, and psychological considerations): |

Referral and management guidelines for osteoarthritis of the hip/knee orthopaedic surgery

|  |
| --- |
| **Referral & Management Guidelines** **Osteoarthritis of the Hip/Knee – Orthopaedic Surgery** |
| **Diagnosis*** Osteoarthritis
* Avascular Necrosis (Hip)
* Other
 |
| **Evaluation*** BMI, smoker, vascular issues, dialysis, diabetes & social supports
* Range of movement
* Walking distance
* Rest pain & sleep disturbance
* Use of walking aids
* Effectiveness of NSAIDs, joint injections and analgesia, conservative management
* General medical condition and impact of joint pain on health
 |
| **Investigations*** <6 mths old X-rays - HIP - AP pelvis & lateral hip including weight bearing
* KNEE - AP & lateral both knees, weight bearing
* Bloods as appropriate (CBE and iron stores, B12, LFTs (including creatinine and eGFR)
* HbA1C if diabetic
 |
| **Management*** Anti-inflammatories and analgesia
* Physiotherapy/exercise physiology including quad strength and pain management
* Activity modification – use of walking stick or other aid
* Weight reduction
 |
| **Triage & Referral Guidelines**Consider referral if:* Clinically concerned
* Significant pain
* Impairment or impact on function'
* Unresponsive to conservative management strategies
* Patient is medically fit for surgery and would consent to surgery
 |
| **Previous Total Hip/Knee Arthroplasty** |
| **Evaluation*** New pain
* Limp
* Translucency on X-ray

**Referral -** * Refer urgently if patient has new pain in a previous arthroplasty
* If infection is suspected contact RELEVANT CONTACT (INSERT) particularly if symptoms of septic arthritis (do **not** commence antibiotics).
 |

Multi-attribute Arthritis Prioritisation Tool (MAPT)

1. **Do you have hip or knee pain that does not get better even when you rest (for example, while sitting)?**

None or mild pain

Moderate pain

Severe pain

Extremely severe pain

The pain is so severe that I cannot bear it

1. **Do you have hip or knee pain when you first go to bed at night that stops you going to sleep?**

No or rarely

I have pain that sometimes stops me going to sleep

I have pain that often stops me going to sleep

I have pain that stops me going to sleep most of the time

I have pain that stops me going to sleep all the time

1. **Do you have hip or knee pain that limits your walking?**

My walking is not limited by hip or knee pain

I can walk for at least 30 minutes before pain stops me

I can walk for about ten to 15 minutes before pain stops me

I can only walk for a short time (such as walking from one room to another room)

I am not able to walk at all because of my hip or knee pain

1. **Does your hip or knee make it difficult for you to look after yourself (such as washing yourself, getting dressed, going to the toilet)?**

No, I can look after myself Go to Question 6 (over the page)

There are some things I cannot do for myself

There are many things I cannot do for myself

I cannot do most things for myself

I cannot look after myself because of my hip or knee

1. **Do you get enough help with looking after yourself (such as washing yourself, getting dressed, going to the toilet)?**

I get as much help as I need

Most of the time I get enough help

Some of the time I get enough help

I rarely get enough help

I do not get enough help with looking after myself

Please answer the questions over the page.

**6. Does your hip or knee affect your enjoyment of life?**

No, or only a little

It makes it moderately difficult for me to enjoy my life

It makes it very diffi cult for me to enjoy my life

It makes it extremely difficult for me to enjoy my life

I cannot enjoy my life at all because of my hip or knee

**7. Does your hip or knee cause difficulties with your relationships with people close to you (such as wife, husband, children and close friends)?**

No, it does not cause difficulties with my relationships

It sometimes causes difficulties with my relationships

It often causes difficulties with my relationships

Most of the time it causes difficulties with my relationships

All of the time my hip or knee causes difficulties with my relationships

**8. Does your hip or knee make it difficult for your household (yourself, family and others) to manage financially?**

No, it does not affect my household finances

It makes it slightly difficult to manage financially

It makes it moderately difficult to manage financially

It makes it extremely difficult to manage financially

My household cannot manage financially at all because of my hip or knee

**9. Have you been in paid work in the last six months?**

No

Yes, my hip or knee does not make it difficult for me to work

Yes, but it is moderately difficult for me to continue to work because of my hip or knee

Yes, but it is very difficult for me to continue to work because of my hip or knee

Yes, but I have had to stop work because of my hip or knee

Yes, but working is difficult for me for other reasons

**10. Do you need to look after people who require your care (such as a sick or disabled partner or family member)?**

No

Yes, my hip or knee does not make it difficult for me to look after them

Yes, but it is moderately difficult for me to look after them because of my hip or knee

Yes, but it is very difficult for me to look after them because of my hip or knee

Yes, but I am unable to care for them because of my hip or knee

Yes, but it is diffi cult for me to look after them for other reasons

**11. Overall, is your hip or knee problem different now compared with how it was six months ago?**

It is better now

It is about the same now

It is a little worse now

It is moderately worse now

It is very much worse now