

GP Referral to Hip and Knee Clinics



Government of South Australia

Central Northern Adelaide
Health Service

Department of Orthopaedics & Trauma

Orthopaedic Outpatient Department

Outpatient Appointments:

General Enquiries:

Facsimile:

Patient Name		
Address		
DOB	Gender	
Phone (hm)	(mob)	(wk)
Medicare No	DVA/Insurance No	
Language:	Interpreter reqd?	

Clinical Details	
Provisional Diagnosis (eg OA, RA, meniscal, unclear)	
Investigations (<i>Note XR within 6/12 and FBC and ELU bloods required</i> , pls include ALL reports)	
Past Medical History (please include all relevant co-morbidities)	
Medications	
Allergies	Priority

Previous/current Conservative Management		
<input type="checkbox"/> Simple analgesics	<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> IA injections - cortisone
<input type="checkbox"/> NSAID	<input type="checkbox"/> Dietician	<input type="checkbox"/> Opioids
<input type="checkbox"/> Topical applications	<input type="checkbox"/> Podiatry/Orthotics	<input type="checkbox"/> Tramadol
<input type="checkbox"/> Glucosamine/Chondroitin	<input type="checkbox"/> Occupational Therapy	
Social Situation		
<input type="checkbox"/> Community services	<input type="checkbox"/> Transport issues	<input type="checkbox"/> Lives alone

GP Details	
Name	Address
Provider No.	
Phone	