

# OASIS Regional Education Program Referral Form

895 West 10<sup>th</sup> Avenue, Vancouver BC, V5Z 1L7

Tel: 604 875 4544 Fax:

Email: [oasis@vch.ca](mailto:oasis@vch.ca) Website: [oasis.vch.ca](http://oasis.vch.ca)

## SECTION 1: PATIENT DEMOGRAPHICS:

Surname: _____		First Name: _____		Initial: _____	
Address: _____					
City: _____			Postal code: _____		
Phone (home): _____		Phone (cell): _____		Email: _____	
PHN: _____		Birthdate (d/m/y): _____		Age: _____	Gender: _____
Does the client understand English: <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, language spoken: _____					
If no, please provide an alternate contact (name/number): _____					
Referring Provider: _____		Tel: _____		Fax: _____	
PCP (If different): _____		Tel: _____		Fax: _____	
Joints affected with arthritis:		Hip <input type="checkbox"/> L <input type="checkbox"/> R		Shoulder <input type="checkbox"/> L <input type="checkbox"/> R	
		Knee <input type="checkbox"/> L <input type="checkbox"/> R		Elbow <input type="checkbox"/> L <input type="checkbox"/> R	
		Foot/Ankle <input type="checkbox"/> L <input type="checkbox"/> R		Wrist/Hand <input type="checkbox"/> L <input type="checkbox"/> R	
				Spine <input type="checkbox"/>	

## SECTION 2: GROUP ARTHRITIS EDUCATION REQUIREMENTS:

<b>Please tick CORE arthritis education topics required:</b>			
Arthritis/joint protection (joint specific) <input type="checkbox"/>		Pain Management <input type="checkbox"/>	
Nutrition & Supplements <input type="checkbox"/>		Exercise <input type="checkbox"/>	
Prehab for THA/TKA <input type="checkbox"/>		Pole-walking <input type="checkbox"/>	
Further topics are available following attendance at the CORE education sessions.			
Preferred group education type:			
In-person <input type="checkbox"/>	Online/virtual <input type="checkbox"/>	Both <input type="checkbox"/>	

Referring Provider/ PCP Signature: \_\_\_\_\_ Date: dd/mm/yy

Provide referral form to patient, or  
Fax completed form to 604 875 4321 if initial contact from OASIS is preferred.