Vancouver CoastalHealth
Promoting wellness. Ensuring care.

OASIS Program Referral Form

Please fill out this form and print & fax or email it to the OASIS Clinic in your region.

OASIS OsteoArthritis Service Integration System
Working Together for Healthy Joints

Section 1: PATIENT DEMOGRAPHICS

Last Name: First Name:

Address: PHN:

DOB:

City: Postal Code: Gender:

Phone (Home): Phone (Other): Email:

Does the client speak/understand English? Yes No If no, language spoken:

If no, please provide an alternate contact (name/number):

Section 2: SERVICE REQUESTED

Referring Clinician: MSP ID: Phone: Fax:

Primary Care Provider: MSP ID: Phone: Fax:
(if different from above)

Priority Joint:

For:

Assessment - Conservative Management

Assessment - Surgical or Possible Surgery

Assessment - Surgical Urgent

Surgical Consult Options
1st available Surgeon in:

OR: Name of Preferred Surgeon(s)

Has the patient already been referred for a surgical consult? Yes No

If yes, surgeon:

Joint:

If yes, has surgical consult taken place? Yes No

If yes, is client a surgical candidate? Yes No

OASIS education classes do not require a physician referral.
We offer the following classes: Understanding Osteoarthritis, Osteoarthritis and Exercise, Pole Walking, Nutrition and Supplements/ Weight Control, Mindful Eating for Weight Control (2 Part Class), Pain Management, Sleep/Stress Management, Hand Osteoarthritis, and Foot/Ankle Osteoarthritis. Available sessions can be found on oasis.vch.ca

Other Affected Joints:

L. Hip	L. Knee	L. Ankle	L. Foot	L. Hand	L. Wrist	L. Elbow	L. Shoulder
R. Hip	R. Knee	R. Ankle	R. Foot	R. Hand	R. Wrist	R. Elbow	R. Shoulder

Section 3: IMAGING REQUIREMENT

Are current (within 1 year) x-rays available?

Yes - Attach X-Ray Report with this Referral.

No - Requisition completed and given to patient OR not required because

X-Ray Views

Hip: Standing AP (weight bearing) of pelvis centered low to include prox. 1/3 femur & true lateral of hip
Knee Standing AP (weight bearing) both knees, LAT, Skyline Patella of affected side
Ankle: Standing AP (weight bearing), lateral, mortise
Foot: Standing AP (weight bearing), lateral, oblique

Shoulder AP, LAT, Axillary
Elbow: AP, LAT
Hand/Wrist: AP, LAT

Coordination of Care

(To be completed by the PCP only)

I wish to coordinate any OASIS recommendations and **make the surgical referral** if required.

OASIS will coordinate the recommendations made during the assessment and make a surgical referral (for hip or knee only) unless the Primary Care Provider indicates otherwise.

Additional Patient Information

and Fax to:
Vancouver Clinic @ 604.875.8294
Richmond Clinic @ 604.244.5517
North Shore Clinic @ 604.904.6170

Please remember to attach the X-Ray Report to this referral.

Date:

Referring Clinician Signature