



The **Orthopedic Clinic** has established the following standardized criteria for **Hip and Knee** referrals. To avoid delay in appointment scheduling, please ensure that all supporting information for the pre-determined outcome and/or condition is included with the Outpatient Referral Form **prior** to requesting the referral. Please mark the appropriate box(s) as indicated.

Patient Name: _____ ARMC Medical Record #: _____

Date of Birth: _____ Height: _____

Weight: _____ BMI: _____
(patients with BMI over 35 need conservative care*)

Patient chief complaint of _____

Pain present for _____ weeks / months / years

Treatment to date has included:

Diagnostic tests to date include:

Significant PMH includes:

Specific Questions:

Indications for referral:

†The patient desires a surgical solution if feasible.

†The patient is currently medically cleared to undergo major joint replacement surgery.

If you have any questions please call our Surgery Scheduling Department at (909) 580-6362.

Please fax original referral and this form to Referral Center Fax number at (909) 580-1634.

* Patients with a BMI over 35 are not candidates for elective Total Joint Replacement Surgery as this comorbidity has been shown in the literature to significantly increase the post-operative complication rate. Patients with a BMI over 35 need conservative care¹, physical therapy, and weight loss. When BMI is below 35 we will be happy to evaluate them at the Hip and Knee clinic.

¹ Common modalities include NSAID's, pain medications, judicious use of cortisone injections, assistive devices, possible viscosupplement injections.)