

OAKVILLE 57 Burnhamthorpe Rd E, Oakville, ON L6H 7C8

MISSISSAUGA #115 - 405 Britannia Rd E, Mississauga, ON L4Z 3E6

1. PATIENT INFORMATION

Last name	First name	Date of birth (YYYY-MM-DD)
Phone	Email	Preferred language
Address		

2. REFERRING PROVIDER

Name	Designation (MD, NP, DC, PT, other)	Registration # (CPSO / CNO / other)
Clinic / practice	Phone	Fax
		Email

3. CLINICAL INFORMATION

Knee(s) affected: ☐ Left ☐ Right ☐ Both **K-L grade (if known):** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Unknown

Most recent knee X-ray date	X-ray / imaging findings

Previous treatments tried:

- | | | |
|--|---|--|
| ☐ Oral NSAIDs / analgesics | ☐ Physiotherapy / exercise | ☐ Corticosteroid injection |
| ☐ Hyaluronic acid injection | ☐ PRP injection | ☐ Bracing / weight management |

Other / response to previous treatments

Current medications (including anticoagulants / antiplatelets)

Relevant history, allergies or precautions

Reason for referral / goals of treatment

4. PLEASE ATTACH

- ☐ Knee X-ray report ☐ Relevant clinical notes ☐ Current medication list ☐ Other imaging (US / MRI)

5. PROVIDER SIGNATURE

Referring provider signature (type name)	Date

How to refer

Fax the form and attachments to 905.848.8252 (preferred for health information), or email Tia@MedCAiRE.ca (alternate: Filipe@MedCAiRE.ca).

We contact the patient to book an assessment and keep you updated. nSTRIDE® is not covered by OHIP; the patient fee is \$1,290.