



Westmead Hospital Knee Surgery Clinic

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Appointments

Westmead Hospital
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A PDF version of this form
is available from
http://www.westmead.nsw.gov.au
formreferral.html

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Westmead Hospital Knee Clinic Referral Form

For the University Clinics 02 9595 8333

Patient: First name _____

Surname _____

DOB _____

Address _____

Schools _____ Postcode _____

Telephone _____

They refer you for	Please attach reports of
<input type="checkbox"/> Acute knee injury	<input type="checkbox"/> High Quality MRI and/or X-ray/ultrasound <input type="checkbox"/> X-ray only
<input type="checkbox"/> Chronic arthritis	<input type="checkbox"/> High Quality MRI and/or X-ray/ultrasound and <input type="checkbox"/> X-ray only
<input type="checkbox"/> Ligament or tendon injury	<input type="checkbox"/> High Quality MRI and/or X-ray/ultrasound and <input type="checkbox"/> X-ray only
<input type="checkbox"/> Meniscal injury	<input type="checkbox"/> High Quality MRI and/or X-ray/ultrasound and <input type="checkbox"/> X-ray only
<input type="checkbox"/> Instability dislocation	<input type="checkbox"/> High Quality MRI and/or X-ray/ultrasound and <input type="checkbox"/> X-ray only
<input type="checkbox"/> Problems with an existing knee replacement	<input type="checkbox"/> High Quality MRI and/or X-ray/ultrasound and <input type="checkbox"/> X-ray only <input type="checkbox"/> Bloodwork (if available)

- 1. Patients without a letter of appropriate investigation will not be allocated an appointment.
- 2. Please note that delayed investigations of the knee are not suitable for this clinic (long waiting periods are usual).
- 3. Some reports may show normal knees but require more in depth analysis (to **TRIM** standards) before a final opinion can be issued.
- 4. Reports will only come from the radiology department for Imaging Department, and not directly to the knee clinic.

Please attach a copy of the patient's medication for oral medical diagnosis.

Referring Doctor _____ Date _____

Address/Phone _____

Signature _____ Provider Number _____