

MacSports Knee Preservation Program

One of the key components in living a healthy lifestyle is the ability to maintain a high level of fitness without injury. Unfortunately, fitness and injury are all too often interconnected. The impact of joint disease, especially in our young patients, is devastating. In an effort to decrease the burden of disease in our patients with treatable knee injuries our group has created a centralized intake program which will be instrumental for early management. The goal of this program is efficient and expedited assessment of knee injuries for all members of the community. We are a group of paediatric and adult knee specialists interested in knee joint preservation and management.

Primary Care Sport Specialists	Orthopaedic Sport Specialists
Dr. David Levy	Dr. Devin Peterson
Dr. Ryan Vamos	Dr. Jeff Kay
Dr. Lydia Schultz	

All referrals will be reviewed weekly and triaged to the first available appropriate knee specialist. If you prefer a specific surgeon please do not use the attached referral but contact them through their office directly. We are currently not accepting WSIB or MVA patients.

Knee Preservation Referral Form

Please fax to 905-526-7397 (Phone (905) 525-9140 x 23575)

Date of Referral (DD/MM/YY): _____

Referring Physician Information:

Name: _____

Signature: _____

Billing Number: _____

Phone Number: _____ Fax Number: _____

Patient Demographics:

Name: _____

Date of Birth (DD/MM/YY): _____

Address: _____

Health Card Number: _____

Daytime Phone Number: _____

Alternate Phone Number: _____

Medications: _____

Medical History: _____

(please attach the cumulative patient profile and medical history if more space required)

Diagnosis*: Right knee Left knee

Muscle/Tendon injury <input type="checkbox"/>	Ligament injury
Meniscal tear <input type="checkbox"/>	ACL <input type="checkbox"/>
Osteochondritis Dissecans <input type="checkbox"/>	PCL <input type="checkbox"/>
Patella Instability <input type="checkbox"/>	MCL <input type="checkbox"/>
Mild Degenerative Joint Disease** <input type="checkbox"/>	LCL <input type="checkbox"/>
	MPFL <input type="checkbox"/>
Other: _____	

*** NO MVA OR WSIB PATIENTS**

***NON-ARTHROPLASTY/KNEE REPLACEMENT PATIENTS ONLY**

Please have your patient bring the following to their appointment:

1. Appropriate clothing (shorts) to examine the knee
2. CD with imaging (x-ray, MRI, any other additional imaging)

We will fax you the date and time of the appointment. It is your responsibility to contact the patient with this information