

OPAS Referral Form

Name:	<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address:	<input type="text"/>	Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Phone:	<input type="text"/>	Insurance:	<input type="checkbox"/> Self Pay: <input type="checkbox"/>
		Email:	<input type="text"/>
		Mobile:	<input type="text"/>

Referral Information

Knee(s) affected: Left <input type="checkbox"/>	Right <input type="checkbox"/>	Both <input type="checkbox"/>
Duration of symptoms:	<input type="text"/>	
Body Mass Index (BMI): Normal <input type="checkbox"/>	Increased <input type="checkbox"/>	
Knee x-rays: If possible, please organise x-rays of BOTH knees, with AP and LATERAL views, while weight-bearing		
X-ray report attached? Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Hospital site of x-rays: <input type="text"/>	Date of x-rays:	<input type="text"/> / <input type="text"/> / <input type="text"/>
If MRI of knee(s) performed, please attach report.		

Direct referral? Yes No

If you are confident that the patient has knee osteoarthritis and would benefit from OPAS in the first instance, then tick 'YES' above; if you are unsure and would like the patient to be assessed by one of the SSC consultants first (listed below), please tick 'NO' above and indicate the consultant you elect to evaluate the patient for suitability for OPAS (see below).

Consultant to assess patient for OPAS (please circle; fax numbers provided)

Mr Ray Moran 01 526 2204	Mr Owen Brady 01 526 2317	Mr Stefan Byrne 01 645 9637
Ms Noelle Cassidy 01 834 8353	Mr Denis Collins 01 526 2222	Mr Michael Donnelly 01 645 2382
Mr Niall Hogan 01 526 2214	Mr Mark Jackson 01 526 2192	Mr Pat Kiely 01 645 2269
Mr Tom McCarthy 01 526 2274	Mr Gavin McHugh 01 526 2368	Prof. Cathal J Moran 01 645 2353
Prof. Kevin Mulhall 01 526 2249	Mr John O'Byrne 01 885 8876	Mr Shea O'Flanagan 01 645 2234
Dr Barry Sheane 01 526 2377	Mr Keith Synnott 01 526 2259	Mr Mihai Vioreanu 01 645 2341
Other: <input type="text"/>		

Please post or fax this referral form to the SSC Consultant you have elected to review this patient as per the SSC Directory: **www.sportssurgeryclinic.com**

Alternatively, if you prefer to refer directly into OPAS, please fax to: **01 526 2377**

Or post to: **OPAS (c/o Dr Barry Sheane), Sports Surgery Clinic, Santry, Dublin 9**

Referring GP: Date of referral: / /

Practice Address:

Phone No: Fax No:

For more information on OPAS, please see the online brochure at www.sportssurgeryclinic.com; click on 'Services', followed by 'Rheumatology'; the brochure link is in the 'Osteoarthritis' section.