

OASIS Regional Education Program Referral Form

895 West 10th Avenue, Vancouver BC, V5Z 1L7

Tel: 604 875 4544

Email: oasis@vch.ca Website: www.vch.ca/oasis

SECTION 1: PATIENT DEMOGRAPHICS:

Surname: _____			First Name: _____			Initial: _____					
Address: _____											
City: _____			Postal code: _____								
Phone (home): _____			Phone (cell): _____			Email: _____					
PHN: _____			Birthdate (d/m/y): _____			Age: _____		Gender: _____			
Does the client understand English: <input type="checkbox"/> Yes <input type="checkbox"/> No											
If no, language spoken: _____											
If no, please provide an alternate contact (name/number): _____											
Referring Provider: _____			Tel: _____			Fax: _____					
PCP (If different): _____			Tel: _____			Fax: _____					
Joints affected with arthritis:			Hip <input type="checkbox"/> L <input type="checkbox"/> R			Shoulder <input type="checkbox"/> L <input type="checkbox"/> R			Spine <input type="checkbox"/>		
			Knee <input type="checkbox"/> L <input type="checkbox"/> R			Elbow <input type="checkbox"/> L <input type="checkbox"/> R					
			Foot/Ankle <input type="checkbox"/> L <input type="checkbox"/> R			Wrist/Hand <input type="checkbox"/> L <input type="checkbox"/> R					

SECTION 2: GROUP ARTHRITIS EDUCATION REQUIREMENTS:

Please tick CORE arthritis education topics required:			
Arthritis/joint protection (joint specific) <input type="checkbox"/>		Pain Management <input type="checkbox"/>	
Nutrition & Supplements <input type="checkbox"/>		Exercise <input type="checkbox"/>	
Prehab for THA/TKA <input type="checkbox"/>		Pole-walking <input type="checkbox"/>	
Further topics are available following attendance at the CORE education sessions.			
Preferred group education type:			
In-person <input type="checkbox"/>	Online/virtual <input type="checkbox"/>	Both <input type="checkbox"/>	

Referring Provider/ PCP Signature: _____ Date: dd/mm/yy

Provide referral form to patient, or
Fax completed form to 604 875 4321 if initial contact from OASIS is preferred.