



RHEUMATOLOGY REFERRAL FORM - Fax completed forms to: 613-738-8249

****Incomplete forms will be returned****

****We do NOT accept referrals for:** *Osteoarthritis *Degenerative disc disease *Chronic pain *Fibromyalgia

Patient Information or Label:

Patient Name: _____ DOB: _____

Health Card #: _____

Address: _____

Phone: _____ Alt: _____

Referring MD Information or Label:

Referral Date: _____

Referring MD: _____

Billing #: _____

Phone: _____

Fax: _____

Reason for referral:

Has this patient been previously assessed by a Rheumatologist? NO ☐ YES ☐ (attach latest report)

Which condition do you suspect? (Please attach corresponding investigations **WITH** the referral)

<input type="checkbox"/> INFLAMMATORY ARTHRITIS / POLYARTHRITIS CBC, ESR, CRP, creatinine, ALT/Alk Phos, albumin, RF, Anti CCP Xray of affected joints	<input type="checkbox"/> CONNECTIVE TISSUE DISEASE CBC, ESR, CRP, creatinine, ALT/Alk Phos, albumin, Urinalysis, RF, ANA, anti-dsDNA, ENA profile, C3, C4	<input type="checkbox"/> SPONDYLOARTHROPATHY CBC, ESR, CRP, creatinine, ALT/Alk Phos, albumin, Xray SI joints & affected spine	<input type="checkbox"/> MYOSITIS CBC, ESR, CRP, creatinine, ALT/Alk Phos, albumin, CK, ANA, ENA profile
<input type="checkbox"/> POLYMYALGIA RHEUMATICA GIANT CELL ARTERITIS CBC, ESR, CRP, creatinine, ALT/Alk Phos, albumin, RF, CK	<input type="checkbox"/> VASCULITIS CBC, CRP, creatinine, ALT/Alk Phos, albumin, Urinalysis, RF, ANA, ENA profile, C3, C4 ANCA, Hep B & C Serology	<input type="checkbox"/> GOUT CBC, ESR, CRP, creatinine, ALT/Alk Phos, albumin, Urate	<input type="checkbox"/> OSTEOPOROSIS CBC, Creatinine, Bone Mineral Density

****Please attach all relevant consults, imaging and bloodwork****

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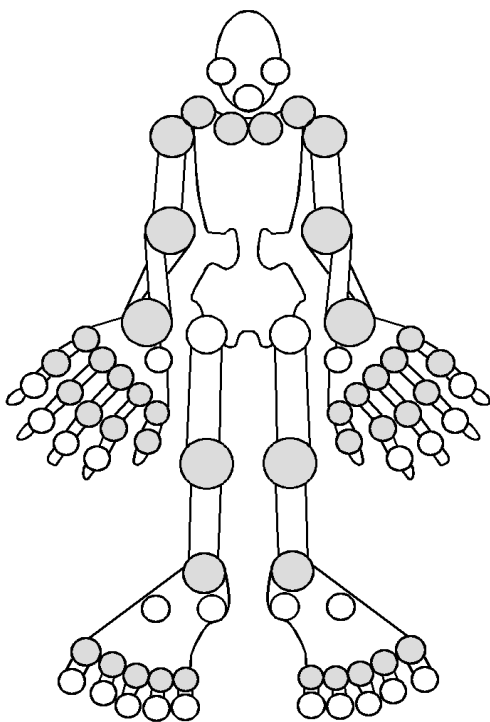
How long has the patient had this problem?

- ☐ < 6 months
- ☐ 6-12 months
- ☐ > 12 months (# of years _____)

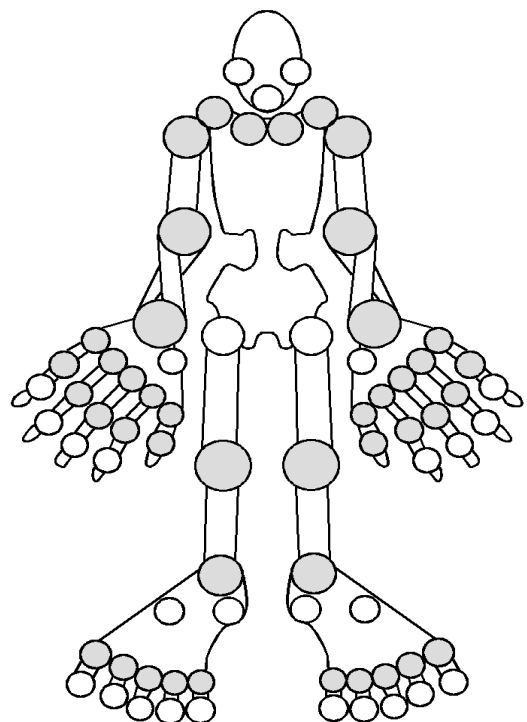
Is there morning joint stiffness lasting:

- ☐ > 1 hour
- ☐ < 1 hour

Please fill the circles to indicate TENDER joints.



Please fill in the circles to indicate SWOLLEN joints.



Current Relevant Treatment(s) and effectiveness:

- ☐ NSAIDS - Effective? _____
- ☐ Prednisone – Effective? _____
- ☐ Other _____

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