CHEO Rheumatology Patient Referral Form

Please fax this form to 613-738-4292

Referral Date:

Patient Demographics

Patient Name: _____

Health Card Number: _____

Date of Birth: _____ Patient's Phone: _____

Address: _____

Preferred Contact Name and Number (if other than patient): _____

Referred by:

Physician's name:_____

Fax Number: _____

Billing Number: _____License Number: _____Phone: _____

Address: _____

Primary Reason for Referral

Inflammatory Back Pain (see definition 2)

If Other, please specify:

Suspected Diagnosis

Select a Diagnosis

If Other, please specify:

Clinical Details

Presenting Complaints

CHEO

Red Flag Symptoms

☐ Fever ☐ Systemic Symptoms ☐ Anemia

☐ Thrombocytopaenia ☐ Severe Refractory Pain ☐ Major Organ Involvement

Onset of Symptoms

Duration: Select Unit

Medications:

Previous Medical History:

Physical Examination findings ***(see definition 4):***

Laboratory Results Included in Referral:

☐ CBC ☐ ESR ☐ CRP ☐ Uric Acid ☐ LDH ☐ RF

☐ Anti-CCP ☐ ANA ☐ Anti-dsDNA ☐ HLA-B27 ☐ Urinalysis

☐ Imaging (X-ray / Ultrasound / MRI / ECHO)

CHEO

Guidance to Consider

Suspected condition	Investigations	Additional considerations
Inflammatory arthritis	CBC, ESR, CRP, albumin, ALT, GGT, creatinine, ferritin, LDH, urate, IgGAM, anti-TTG, TSH, anti-nuclear antibody (ANA), Rheumatoid factor (RF), anti-cyclic citrullinated peptide (CCP), HLA B27	-Consider lyme serology if endemic area, monoarthritis, intermittent arthritis. -Consider targeted joint imaging
Systemic rheumatic disease (e.g. systemic lupus erythematosus, juvenile dermatomyositis, vasculitis)	CBC, ESR, CRP, albumin, ALT, AST, GGT, creatinine, ferritin, CK, LDH, urate, C3, C4, IgGAM, anti-TTG, TSH, anti-nuclear antibody (ANA), extractable nuclear antigens (ENA), anti-dsDNA, anti-neutrophil cytoplasmic antibody (ANCA), urinalysis, urine protein:creatinine ratio	N/A
Raynaud's phenomenon	N/A	Encourage patient to take photos of extremity changes
Recurrent fevers	N/A	Encourage family to keep diary of fevers and symptoms

Mandatory for Triage:

Please report relevant findings on the patient's physical examination. If the referral is for MSK pain, include joint or muscle examination and impact on function.

Please attach all relevant investigations. See suggested laboratory investigations above.

Definitions:

1. Joint pain in the absence of objective arthritis (Joint swelling or painful limitation)
2. Chronic pain characterised by morning stiffness, improvement with exercise, no improvement with rest, and often night pain that improves on getting up.
3. Fever that recurs periodically and is not explained by infections, malignancies or other known conditions.
4. See PGALS examination: www.pmmonline.org