Alberta Health Services

Rheumatology Referral

To confirm eligibility requirements, investigations, and contact information visit: www.albertareferraldirectory.ca and search for "Rheumatology"

Last Name *(Legal)*	First Name *(Legal)*
Preferred Name ☐ Last ☐ First	DOB *(dd-Mon-yyyy)*
PHN	ULI ☐ Same as PHN / MRN
Administrative Gender ☐ Male ☐ Female ☐ Non-binary/Prefer not to disclose (X) ☐ Unknown	

Date *(dd-Mon-yyyy)*	Referring Provider/Source	Phone	Fax

Requested Provider

☐ Next Available Provider **OR** ☐ Specific Provider _____

☐ Previously seen by specialist for the same problem *(specify name of specialist)* _____

Type of Referral

☐ New ☐ Re-Referral ☐ Second Opinion *(prior notes required)*

Reason for Referral *(include required investigations completed within 12 weeks of referral, as applicable)*

☐ **Inflammatory Arthritis** *(Rheumatoid arthritis, Psoriatic arthritis, Reactive, Ankylosing spondylitis, Inflammatory bowel disease associated)*

Required investigations: *RF, CBC, Cr, CRP, Anti-CCP, ANA and Urinalysis*

Imaging: *X-rays of bilateral hands and feet, AND any other affected joints (e.g. SI, spine)*

If checked, provide the following information

Joint swelling ☐ Yes ☐ No ☐ Unknown

Morning stiffness ☐ Yes ☐ No *(if checked, specify length of time)* _____

Family history of inflammatory arthritis ☐ Yes ☐ No ☐ Unknown

For suspected ankylosing spondylitis, is back pain better with: activity ☐ Yes ☐ No; rest ☐ Yes ☐ No

☐ **Crystal Arthritis** *(Gout, CPPD, Milwaukee shoulder)*

Required investigations: *Synovial fluid analysis, if done. Urate, CBC, Cr, CRP, and Urinalysis*

Imaging: *X-rays of affected joints*

If checked, provide the following information

Is patient using allopurinol ☐ Yes ☐ No *(if no, specify why not)* _____

Does patient have tophi ☐ Yes ☐ No

Specify number of flares per year _____

☐ **Connective Tissue Disease** *(Systemic lupus erythematosus, Sjogren's, Scleroderma)*

Required investigations: *RF, CBC, Cr, CRP, Anti-CCP, C3, C4, ANA, ENA, Urinalysis, and Urine PCR*

Imaging: *X-rays of affected joints*

If checked, select all symptoms that apply

☐ Photosensitive rash ☐ Raynaud's phenomenon ☐ Oral ulcers

☐ History of blood clots or miscarriage ☐ Hair loss ☐ Arthritis

☐ Dry eye/mouth ☐ Skin tightening ☐ Other _____

☐ **ANCA Vasculitis, Polyarteritis nodosa**

Required investigations: *CBC, Cr, ANCA, CRP, Urinalysis, and CXR*

Vasculitis symptoms *(check all that apply)*

☐ Constitutional ☐ Neurologic ☐ Rash ☐ Myalgias ☐ Hemoptysis ☐ Sinusitis

☐ New or worsening asthma ☐ Arthralgias/arthritis ☐ Other _____

Organs involved *(check all that apply)*

☐ Skin ☐ Kidneys ☐ Lung ☐ Peripheral nerves ☐ Central Nervous System

☐ Upper airways ☐ Gastrointestinal ☐ Other _____

Subspecialists involved ? ☐ Yes ☐ No

(if yes, specify) _____

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☐ **Myositis, Polymyalgia Rheumatica**

Required investigations: *CK, RF, Anti-CCP, CBC, Cr, CRP, C3, C4, ANA, ENA, and Urinalysis*

Imaging: *CXR if suspected myositis to look for interstitial lung diseases*

Symptoms *(check all that apply)*

☐ Proximal muscle weakness ☐ Distal muscle weakness ☐ Muscle pain ☐ Dysphagia
☐ Shortness of breath ☐ Rash ☐ Other _____

General Clinical Information

If there is peripheral joint pain *(i.e. hands, wrist, feet)* but uncertain regarding swelling, an **ultrasound of the most symptomatic joint** for synovitis is strongly recommended

Joints affected *(check all that apply)*

Hands *(specify)* ☐ CMCs ☐ MCPs ☐ PIPs ☐ DIPs
☐ Neck ☐ Wrists ☐ Elbows ☐ Shoulders
☐ Hip ☐ Knees ☐ Ankles ☐ Feet
☐ Low Back ☐ Sacroiliiac ☐ N/A, no joints involved

Joint symptoms improve with activity ☐ Yes ☐ No ☐ Unsure

Length of symptoms ☐ less than 12 weeks ☐ less than 6 months ☐ less than 12 months ☐ greater than 1 year ☐ greater than 5 years

Treatments tried or being tried _____

Patient functional impairment ☐ None ☐ Mild ☐ Moderate ☐ Severe

(check one)

☐ Referral letter attached **OR** ☐ All relevant information is provided below