

STREAMLINED TOOL FOR ARTHRITIS REFERRALS

☐ First available rheumatologist or EAC (Early Arthritis Clinic)

F: ?

☐ Dr. T. Papneja

F: 905.799.3819

☐ Dr. V. Ahluwalia

F: 905.799.8040

☐ Dr. R. Joshi

F: 905.799.3129

☐ Dr. S. Bajaj

F: 905.799.2055

Patient Name

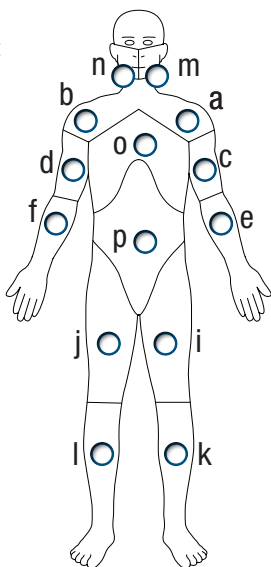
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Physician Name

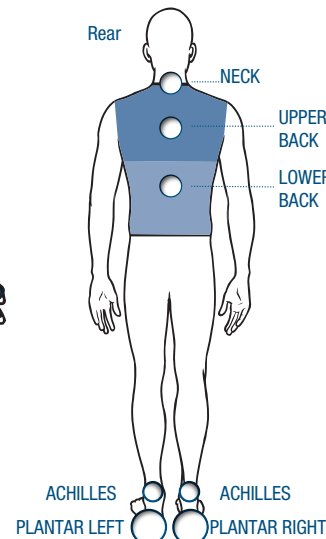
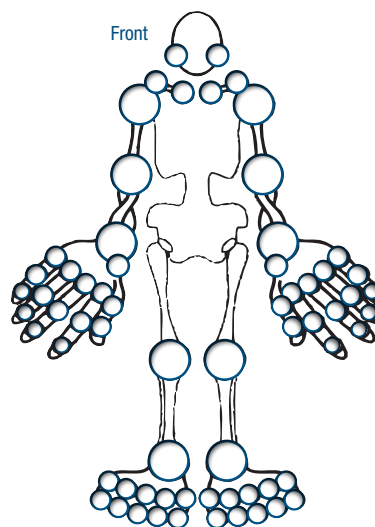
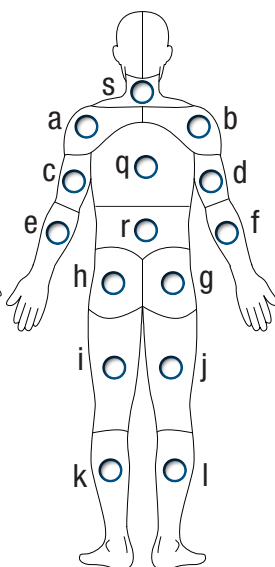
(may insert sticker/stamp here)

Regional Pain

- a. Shoulder girdle, left
- b. Shoulder girdle, right
- c. Upper arm, left
- d. Upper arm, right
- e. Lower arm, left
- f. Lower arm, right
- g. Hip (buttock, trochanter), left
- h. Hip (buttock, trochanter), right
- i. Upper leg, left
- j. Upper leg, right
- k. Lower leg, left
- l. Lower leg, right
- m. Jaw, left
- n. Jaw, right
- o. Chest
- p. Abdomen
- q. Upper back
- r. Lower back
- s. Neck



All fields must be filled out for an appointment to be issued



Click all areas of pain or stiffness

History – Physician to Complete

Reason for Referral:

Comments/Treatments Tried:

How long has the problem been present? ☐ < 3 months ☐ 3-6 months ☐ > 6 months

Does the patient have morning stiffness? ☐ < 30 minutes ☐ 30-60 minutes ☐ > 60 minutes

Functional Impairment Has the patient had to stop work or school due to THIS PROBLEM ☐ yes ☐ no

☐ Psoriasis (ever) ☐ Inflammatory bowel disease (IBD) ☐ Uveitis ☐ Other: _____

Please send the following Investigations (all investigations must accompany referral)

☐ CBC ☐ ESR ☐ CRP ☐ RF ☐ ANA ☐ Creatinine ☐ Urinalysis ☐ Attach x-ray reports of the affected joints

Diagnosis

What do you think is the diagnosis?

- ☐ Inflammatory (RA/PSA/AS/CTD/Vasculitis)
- ☐ Non-inflammatory (OA/Mechanical/LBP)
- ☐ Chronic Pain (FM/CFS)
- ☐ Emergency (vasculitis, temporal arteritis)
page rheumatologist on call at 416-747-3500
- ☐ Comments/Other: _____

Has the patient seen a rheumatologist before

☐ no ☐ not sure ☐ yes (attach copy of all consult notes)

Please attach any other information that you think is important

Please inform your patient that they may be pre-assessed by our extended role provider (PT, OT, RN)

☐ **URGENT**

If urgent, page rheumatologist on call at 416-747-3500

☐ **SEMI-URGENT**

☐ **ROUTINE**