Early Inflammatory Arthritis Clinic Referral Form

West Mountain Medical Centre

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Dr. Manisha Mulgund MD FRCP (C)
Rheumatologist

If this referral is urgent (within 24-48 hours) physician must call.

Patient Name: patName	Physican Name: patMdName
Phone: patHomePhone.default	Phone: currMdPhone.default
Address: patAddressLabel	Fax: currMdFax.default
DOB: patBirthdate.default	Address: currMdAddressLabel
HC#: patHN patVersionCode	OHIP Billing # Signature:
Gender: patSex	currMdPhysNum

Reason for Referral (Including relevant physical exam findings)

Is there joint swelling?   ☐ MCPs ☐ PIPs ☐ DIPs ☐ Wrists ☐ Elbow ☐ Knees

☐ None   ☐ Ankles ☐ Feet

What do you think of the diagnosis?

☐ New onset inflammatory arthritis   ☐ Connective tissue disease
☐ Degenerative/Mechanical Pain   ☐ Gout/Pseudogout
☐ Uncontrolled established inflammatory disease ☐ Stable Rheumatoid Arthritis
☐ Not Sure
☐ PMR

☐ Other:

How long has the problem been present?   ☐ <6m   ☐ <12m ☐ >1yr   ☐ >6yr

Medication Tried Previously:

The following investigation are important for triage. Please forward if available

CBC   ESR   CRP   RF   ANA   Creatinine   LFT   Urinelysis

Attach X-rays and other imaging reports of the affected joints (if applicable)

Has the patient seen a rheumatologist before   ☐ No   ☐ Not Sure   ☐ Yes
(If yes, attach copy of all consult notes)

Past Medical History (attach EMR-based profile if available):

List Current Medications (attach EMR based profile if available):