



**Rheumatology Clinic**  
**Peak Medical Specialty Centre**  
 #125, 4611 BOWNESS ROAD NW  
 CALGARY, AB, T3B 0B2  
 PHONE: 587-774-6413  
 FAX: 403-264-4190

PATIENT LABEL

## Rheumatology Clinic Referral Form

**Unfortunately because of long waitlists we are unable to see:**

Osteoarthritis	Mechanical MSK Conditions	Chronic Pain Syndromes
Fibromyalgia	Mechanical Back Pain	Joint Hypermobility Syndrome

**All referrals will need to have the following investigations to assist the triaging and management of patients seen by Rheumatology at the first appointment:**

CBC	GFR	Creatine	CRP	ANA	ENA	Rheumatoid factor (RF)	CCP
Urate	CK	AST/ALT	<b>XR = Hands/Wrists/Feet/Ankles (SI joints if AS suspected)</b>				

<input type="checkbox"/> <b>TOC request</b>	Previous Rheumatologist:
<input type="checkbox"/> <b>Second Opinion</b>	Reason:
All second opinions will be triaged as routine unless a call to Rheumatology is done	

**Suspected Diagnosis:**

<input type="checkbox"/> Inflammatory Arthritis (Rheumatoid/Psoriatic)	<input type="checkbox"/> GCA or vasculitis (↑CRP)
<input type="checkbox"/> Ankylosing Spondylitis	<input type="checkbox"/> Myositis (↑CRP, ↑CK)
<input type="checkbox"/> Crystal Arthropathy (Gout/CPPD) (↑Urate)	<input type="checkbox"/> SLE/Lupus (ANA 1:160 or higher)
<input type="checkbox"/> PMR (Must have ↑CRP AND Age >50)	<input type="checkbox"/> Systemic Sclerosis/Scleroderma
<input type="checkbox"/> Other Autoimmune Disease:	

**Evidence for Suspected Diagnosis:**

<input type="checkbox"/> CRP elevated	<input type="checkbox"/> Biopsy+	<input type="checkbox"/> ANA 1:160 or higher
<input type="checkbox"/> CCP+	<input type="checkbox"/> ANCA/GBM+	<input type="checkbox"/> US or XR inflammation/damage
<input type="checkbox"/> RF+	<input type="checkbox"/> CK elevated	<input type="checkbox"/> Palpable hot and swollen joint/s
<input type="checkbox"/> Other:		

**Relevant History and/or Family History and Physical Exam Findings:**

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Referring Physician:	Clinic Stamp:
PRAC ID:	
Phone:	
Fax:	
<b>Signature:</b>	

**For new referrals please fax to: 403-264-4190**  
**For booking inquiries call: 587-774-6413**



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<b>Rheumatology Clinic Use:</b>		
<input type="checkbox"/> Referral Accepted	Date:	
<input type="checkbox"/> Rheumatologist:	Appointment:	
<input type="checkbox"/> Routine (next available on waitlist)	<input type="checkbox"/> 1-3 months	<input type="checkbox"/> Urgent 1-3 weeks
<input type="checkbox"/> Referral Declined	See list below for explanation	

This is to inform you that your referral to the Rheumatology Clinic has been **DECLINED** for the following reason:

- Unfortunately, the Rheumatology clinic is full and unable to take new referrals at this time. We recommend you redirect the referral to Rheumatology Central Triage for the next available Rheumatologist (FAX: 403-955-8199, PHONE: 403-955-9072).
- Patient was unable to be contacted and the referral has been closed. If you provide updated contact info, we can try one further attempt to book patient otherwise they will need to be referred again.
- Patient is declining to be seen in the Rheumatology clinic and as a result the referral has been closed.
- Patient has already been seen or is scheduled to be seen by another Rheumatologist and as a result this referral has been closed.
- From the information provided on the referral it does not appear that the patient has an autoimmune disease or rheumatological condition within the scope of practice of the clinic, i.e. Fibromyalgia or chronic pain syndromes, osteoarthritis, mechanical back pain, joint hypermobility syndrome. We suggest referring to another service that is more appropriate for the patient.
- There is missing information, investigations or work up making triage of this referral impossible and as a result the referral has been closed. If you would like the patient seen by Rheumatology, please refer with a clear clinical question for Rheumatology and some of the suggested work up:

**CBC, Cre/GFR, liver enzymes, CRP, Rheumatoid factor, CCP, ANA, XR of bilateral relevant joints including hands, wrists, ankles, feet, CXR.**

- Other:

Should you have questions or think the patient needs to be seen by Rheumatology please contact the clinic at 587-774-6413 or send a request to fax: 403-264-4190.

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