



DT9303

ADULT RHEUMATOLOGY CONSULTATION

Note:

- 1- Refer to the clinical alerts on the back of the form
- 2- Use the protocols of the Accueil Clinique if available before completing this form

Patient's first and last name			
Health insurance number		Year	Month
		Expiry	
Parent's first and last name			
Area code Phone number		Area code Phone number (alt.)	
Address			
Postal code			

Reason for consultation Clinical priority scale: **B : ≤ 10 days C : ≤ 28 days D : ≤ 3 months E : ≤ 12 months** For priority A consultations (≤ 3 days), do not send them to the CRDS; use the following corridors: specialist on call, accueil clinique, etc.

Inflammatory Arthropathy (excluding Osteoarthritis)				Connective Tissue Disease / Vasculitis	Metabolic bone disease	Other	Clinical priority
<input type="checkbox"/> Polymyalgia rheumatica ² without signs of giant cell arteritis ≥ 50 years (Prerequisite : CBC, ESR, CRP) B							
<input type="checkbox"/> Inflammatory myopathy, with at least 2 CK levels ≥ 1.5X normal (Prerequisite: CK, ANA) C							
Vasculitis (other than giant cell arteritis) without evidence of major organ involvement. (Prerequisite: CBC, CRP, creatinine, urinalysis) See clinical alerts				<input type="checkbox"/> New diagnosis C			
Connective Tissue Disease without evidence of major organ involvement (Prerequisite: CBC, CRP, creatinine, urinalysis) See clinical alerts				<input type="checkbox"/> Previously diagnosed and stable D			
Isolated Raynaud's phenomenon				<input type="checkbox"/> ANA ≥ 1/160 D			
				<input type="checkbox"/> ANA < 1/160 E			
				<input type="checkbox"/> ANA ≥ 1/160 D			
				<input type="checkbox"/> ANA < 1/160 E			
Secondary osteoporosis or osteoporosis with treatment failure ³ (Prerequisite: 25(OH) vitamin D, BMD) E							
<input type="checkbox"/> Paget disease (Prerequisite: alkaline phosphatase, X-ray, bone scan) E							
<input type="checkbox"/> Fibromyalgia with a DIAGNOSIS , but not a therapeutic DILEMMA (Prerequisite: CBC, CRP, CK, TSH and justify) E							
<input type="checkbox"/> Non axial debilitating osteoarthritis with treatment failure (Prerequisite: X-ray and justify) E							

<input type="checkbox"/> Other reason for consultation or clinical priority modification (MANDATORY justification in the next section):	Clinical priority
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Suspected diagnosis and clinical information (mandatory)	If prerequisite is needed:
	<input type="checkbox"/> Available in the QHR <input type="checkbox"/> Attached to this form <input type="checkbox"/> Ordered

Special needs:

Referring physician identification and point of service		Stamp
Referring physician's name	Licence no.	
Area code Phone no.	Extension Area code Fax no.	
Name of point of service		
Signature	Date (year, month, day)	

Family physician:	Registered referral (if required)
<input type="checkbox"/> Same as referring physician <input type="checkbox"/> Patient with no family physician	If you would like a referral for a particular physician or point of service
Family physician's name Name of point of service	

Legend

- ¹ Inflammatory back pain for at least 3 months with onset < 45 years, morning stiffness > 1 h, improvement with NSAIDs or physical activity
- ² Polymyalgia rheumatica: painful pelvic and shoulder girdles with onset > 50 years and morning stiffness > 1 h, ↑ ESR or ↑ CRP
- ³ Osteoporosis with treatment failure:
- New fracture despite treatment ≥ 12 months
 - Significant decrease in BMD despite an adequate treatment

Clinical alerts (non exhaustive list)

Call rheumatologist on call or refer patient to the Emergency department

- Septic arthritis
- Febrile arthritis
- Symptomatic Temporal Arteritis: new onset of headaches, decrease in visual acuity or diplopia, pain in the scalp, jaw claudication
- Systemic Vasculitis or Connective Tissue Disease with major organ involvement