



DT9303

ADULT RHEUMATOLOGY CONSULTATION

Note: Refer to the clinical alerts on the back of the form and favor, if available, the protocols of the Accueil Clinique before filling it out.

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: A: ≤ 3 days B: ≤ 10 days C: ≤ 28 days D: ≤ 3 months E: ≤ 12 months						
Inflammatory Arthropathy (excluding Osteoarthritis)								
Acute synovitis < 6 weeks <i>(Prerequisite: CBC, CRP, creatinine, uric acid, x-ray)</i>	<input type="checkbox"/> Monoarthritis or oligoarthritis or polyarthritis of unknown origin					<input type="checkbox"/> Polymyalgia rheumatica ² de novo or flare without signs of temporal arteritis <i>(Prerequisite: CBC, ESR, CRP)</i>	B	
	<input type="checkbox"/> Recurrent gout despite standard treatment or tophaceous gout					<input type="checkbox"/> Inflammatory myositis with elevated CK <i>(Prerequisite: CK, TSH)</i>	C	
	<input type="checkbox"/> Arthritis with suspicion of pseudogout or hydroxyapatite					<input type="checkbox"/> Vasculitis (other than temporal arteritis) without evidence of major organ involvement <i>(Prerequisite: CBC, CRP, creatinine, urine analysis, x-ray)</i>	C	
Chronic synovitis > 6 weeks <i>(Prerequisite: CBC, CRP, creatinine, ALT, rheumatoid factor, anti-CCP, x-ray)</i>	Rheumatoid factor or anti-CCP or erosions on x-ray or elevated CRP	<input type="checkbox"/> Presence				Connective Tissue Disease without evidence of major organ involvement <i>(Prerequisite: CBC, CRP, creatinine, urine analysis)</i>	<input type="checkbox"/> ANA ≥ 1/160	D
		<input type="checkbox"/> Absence				<input type="checkbox"/> ANA < 1/160	E	
	<input type="checkbox"/> Isolated Raynaud's phenomenon with ANA ≥ 1/160					<input type="checkbox"/> Previously diagnosed and stable Connective Tissue Disease or Systemic Vasculitis <i>(Prerequisite: justify)</i>	E	
Inflammatory spondyloarthropathy¹ <i>(Prerequisite: HLA-B27, SI x-ray)</i>	History of uveitis or psoriasis or IBD or recent STD or sacroiliitis on imaging	<input type="checkbox"/> Presence				Osteoporosis <i>(Prerequisite: 25(OH) vitamin D, BMD)</i>	<input type="checkbox"/> Treatment failure ³	E
		<input type="checkbox"/> Absence				<input type="checkbox"/> Secondary	E	
		<input type="checkbox"/> Absence				<input type="checkbox"/> Paget disease <i>(Prerequisite: alkaline phosphatase, x-ray, bone scan)</i>	E	
						<input type="checkbox"/> Fibromyalgia with a diagnostic, but not a therapeutic dilemma <i>(Prerequisite: CBC, CRP, CK, TSH and justify)</i>	E	
						<input type="checkbox"/> Non axial debilitating osteoarthritis with treatment failure <i>(Prerequisite: x-ray and justify)</i>	E	
<input type="checkbox"/> Other reason for consultation or clinical priority modification (MANDATORY justification in the next section):							Clinical priority	
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: <input type="checkbox"/> Same as referring physician <input type="checkbox"/> Patient with no family physician						Registered referral (if required)		
Family physician's name						If you would like a referral for a particular physician or point of service		
Name of point of service								

Legend

- ¹ Inflammatory back pain for at least 3 months with an age at onset < 45 years old, morning stiffness > 1 h, improvement with NSAIDs or physical activity
- ² Polymyalgia rheumatica: painful pelvic and shoulder girdles with an age at onset > 50 years old 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 the rheumatologist on call or refer the 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