Santé et Services sociaux		
Ortálasa	¥	*
Québec	*	*



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

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

Reason for consultation Clinical priority scale: $B :\leq 10 \text{ days } C :\leq 28 \text{ days } D :\leq 3 \text{ months } E :\leq 12 \text{ months } For priority A consultations (\leq 3 \text{ days}), do not send them to the CRDS; use the following corridors: specialist on call, accueil clinique, etc.$										
Inflammatory Arthropathy (excluding Osteoarthritis) g Polymyalgia rheumatica² withou arteritis ≥ 50 years (Prerequisite : Suspicion of Recurrent gout despite standard D Polymyalgia rheumatica² withou arteritis ≥ 50 years (Prerequisite :										
Suspicion of crystal arthropathy (Prerequisite: CBC, CRP, creatinine, uric acid, X-ray) Arthritis with suspicion of pseudo or hydroxyapatite		lecurrent gout despite s reatment or tophaceous	gout despite standard or tophaceous gout		Connective Tissue Disease / Vasculitis	Inflammatory myopathy, with at least 2 CK levels \ge 1.5X C normal (<i>Prerequisite: CK, ANA</i>)				x c
		pseudogout	eudogout D			Vasculitis (other than giant cell arteritis without evidence of major organ		New diagnosis		
Suspicion of chronic polyarthritis ≥ 4 weeks (Prerequisite: CBC, CRP, creatinine, ALT,		Rheumatoid factor	Positive C		sue Dis	involvement. (Prerequisite: CBC, CRP, creatinine, urinalysis) See clinical alerts			Previously diagnosed stable	
		psoriasis or erosion			e Tiss	Of major organ involvement		\square ANA ≥ 1		
	on X-ray	Negative Negative	D	nectiv	See clinical alerts			ANA < 1		
rheumatoid factor, anti-CCP, X-ray)	With	Rheumatoid factor	Positive	D		Isolated Haynaud S	lated Raynaud's phenomenon		ANA≥1.	-
suspected synovitis		≥ 15 or known psoriasis or erosion on X-ray		_			Secondary osteoporosis or osteoporosis with treatment failure ³ (Prerequisite: 25(OH) vitamin D, BMD)			_
		Negative	E	Metabolic bone disease	Paget disease (Prereguisite: alka	aline phosphatase	X-ray, bo	ne scan)	E	
Spondylitis or sacroiliitis' (<i>Prerequisite:</i> <i>HLA-B27</i> , sacroiliac joint X-ray) History of uveitis or psoriasis or inflammatory bowel disease or recent STD or sacroiliitis on imaging		asis or inflammatory I disease or recent	rinflammatory				Fibromyalgia with a DIAGNOSIS , but not a therapeutic DILEMMA (Prerequisite: CBC, CRP, CK, TSH and justify)			
			Negative	E DILEMMA (Prerequisite: CBC, CRP, CK, TSH and justify) Non axial debilitating osteoarthritis with treatment faile (Prerequisite: X-ray and justify)				lure E		
Other re (MAND)	eason foi ATORY ju	consultation or clinestification in the ne	nical priority ext section):	y mc	odifica	ation			Cli	inical priority
Suspected	diagnosi	s and clinical inforr	mation (man	Idato	ory)			If prere	quisite is ne	eded:
								7	le in the QHR	
Attached to this form										
Special nee	eds:								1	
Referring p		identification and p	point of serv	vice		Licence no.	Stamp			
	ins name									
Area code Phone	no.	Extension	Area c	ode l	Fax no.					
Name of point of s	service	·	·	•			-			
Signature					Date (year, month, day)				
Family physician: Same as referring physician Patient with no family physician Registered referral (if required) Family physician's name If you would like a referral for a particular physician or										
Name of point of s	ervice						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 \geq 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