



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 <sup>2</sup> without signs of giant cell arteritis ≥ 50 years (Prerequisite : CBC, ESR, CRP) <b>B</b>							
<input type="checkbox"/> Inflammatory myopathy, with at least 2 CK levels ≥ 1.5X normal (Prerequisite: CK, ANA) <b>C</b>							
Vasculitis (other than giant cell arteritis) without evidence of major organ involvement. (Prerequisite: CBC, CRP, creatinine, urinalysis) <b>See clinical alerts</b>				<input type="checkbox"/> New diagnosis <b>C</b>			
<input type="checkbox"/> Recurrent gout despite standard treatment or tophaceous gout <b>D</b>							
<input type="checkbox"/> Arthritis with suspicion of pseudogout or hydroxyapatite <b>D</b>							
Suspicion of chronic polyarthritides ≥ 4 weeks (Prerequisite: CBC, CRP, creatinine, ALT, rheumatoid factor, anti-CCP, X-ray)	With definite synovitis	Rheumatoid factor or anti-CCP or CRP ≥ 15 or known psoriasis or erosion on X-ray	<input type="checkbox"/> Positive <b>C</b>				
			<input type="checkbox"/> Negative <b>D</b>				
	With suspected synovitis	Rheumatoid factor or anti-CCP or CRP ≥ 15 or known psoriasis or erosion on X-ray	<input type="checkbox"/> Positive <b>D</b>				
			<input type="checkbox"/> Negative <b>E</b>				
Spondylitis or sacroiliitis <sup>1</sup> (Prerequisite: HLA-B27, sacroiliac joint X-ray)	History of uveitis or psoriasis or inflammatory bowel disease or recent STD or sacroiliitis on imaging		<input type="checkbox"/> Positive <b>D</b>				
			<input type="checkbox"/> Negative <b>E</b>				
Secondary osteoporosis or osteoporosis with treatment failure <sup>3</sup> (Prerequisite: 25(OH) vitamin D, BMD) <b>E</b>							
<input type="checkbox"/> Paget disease (Prerequisite: alkaline phosphatase, X-ray, bone scan) <b>E</b>							
<input type="checkbox"/> Fibromyalgia with a <b>DIAGNOSIS</b> , but not a therapeutic <b>DILEMMA</b> (Prerequisite: CBC, CRP, CK, TSH and justify) <b>E</b>							
<input type="checkbox"/> <b>Non axial debilitating</b> osteoarthritis with treatment failure (Prerequisite: X-ray and justify) <b>E</b>							

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

## Legend

- <sup>1</sup> Inflammatory back pain for at least 3 months with onset < 45 years, morning stiffness > 1 h, improvement with NSAIDs or physical activity
- <sup>2</sup> Polymyalgia rheumatica: painful pelvic and shoulder girdles with onset > 50 years and morning stiffness > 1 h, ↑ ESR or ↑ CRP
- <sup>3</sup> 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