



**Rheumatology Referral & Triage Form:**  
**Please complete all fields & fax to 514-934-4404**

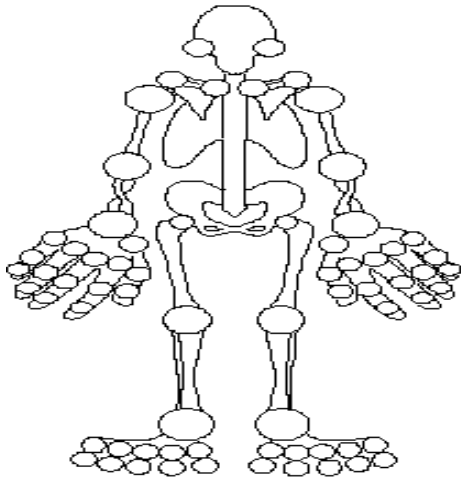
Referrals go to general rheumatology; unless requesting a particular physician (if so, name): \_\_\_\_\_

<b>Date (dd/mm/yy):</b>	<b>Patient Name:</b> _____ <b>DOB:</b> _____
<b>Referring MD Name:</b>	<b>RAMQ#:</b> _____ <b>MGH or RVH#:</b> _____
<b>License #:</b>	<b>Home #:</b> _____ <b>Cell or Work #:</b> _____
<b>Telephone:</b> _____ <b>Fax:</b> _____	<b>Address:</b> _____
<b>Address:</b>	
<b>Signature:</b>	

**Do you consider this referral to be urgent?** (see table in folder)  No  Yes  
If yes, page MUHC rheumatologist on call **514-934-1934 x 43333**

**IF PATIENT HAS >3 SWOLLEN JOINTS OR INVOLVEMENT OF MCP/MTP JOINTS OR AM JOINT STIFFNESS >30 MIN, SUSPECT RHEUMATOID ARTHRITIS & REFER URGENTLY.**  
**Severe night-time pain and/or systemic symptoms such as fever or weight loss suggest serious pathology and should hasten referral for any rheumatic complaint.**

**ARE THERE PAINFUL JOINTS?**  No  Yes:  
Mark an X or line through any painful joints



**List current treatment for rheumatic complaint:**  
**(NSAIDs, prednisone, physio etc.) & any prior treatment of relevance (& side effects, if any).**

**Is there morning joint stiffness lasting for > 30 minutes?**  Yes  No  
**> 60 minutes?**  Yes  No

**Does the pain disturb sleep?**  Yes  No  
**Has there been weight loss?**  Yes  No  
**Has the patient been Dx with psoriasis**  Yes  No

**Summary of present illness (include SYMPTOM DURATION & any limitations of daily activities):**  
For how long has the patient had this problem?  <6mo  6-12mo  >12mo  Years (Number \_\_\_\_\_)  
Is the patient limited in activities of daily living (dress, eat, bath)  Yes  No

**PROVISIONAL DIAGNOSIS:** \_\_\_\_\_  
 Inflammatory arthritis  Crystalline (CPPD/Gout)  OA  Connective tissue disease  Fibromyalgia



In order to improve the triage of consults ensuring timely evaluation of patients in need of rheumatology evaluation we kindly request that you please:

1. Use the following triage grading system that will allow you to direct your consult,
2. Complete the referral form and fax it to the Division of Rheumatology.

**Division of Rheumatology  
McGill University Health Centre**

CATEGORY	DESCRIPTION	EXAMPLES	PROCESS
<b>A+</b>	For patients who require assessment and treatment on an urgent basis within <b>24-48 HOURS</b> .	<ul style="list-style-type: none"> <li>- Septic arthritis</li> <li>- Giant cell arteritis</li> <li>- CTD with major organ decompensation</li> </ul>	Physicians should personally contact the <b>ON CALL RHEUMATOLOGIST</b> (514-934-1934 ext 53333) or refer the <b>PATIENT TO THE ER</b> .
<b>A</b>	For patients who require assessment and treatment on an emergent basis within <b>2-4 WEEKS</b> .	<ul style="list-style-type: none"> <li>- New onset IA</li> <li>- CTD</li> <li>- Vasculitis</li> <li>- PMR</li> </ul>	Fax referral to: 514-934-4404
<b>B</b>	For patients who require assessment and treatment on an elective basis within <b>2-4 MONTHS</b> .	<ul style="list-style-type: none"> <li>- Established IA</li> <li>- Crystalline arthritis</li> <li>- Severe OA/regional pain syndromes with a major impact on ADLs</li> </ul>	Fax referral to: 514-934-4404
<b>C</b>	For patients who require assessment and treatment on an elective basis within the next <b>6-12 MONTHS</b> .	<ul style="list-style-type: none"> <li>- Previously diagnosed rheumatic disease (stable) referred for diagnostic reevaluation or review of treatment</li> <li>- FM not previously seen by rheumatologist</li> <li>- Possible IA but not deemed highly likely</li> <li>- OA which may benefit from consultation</li> </ul>	Fax referral to: 514-934-4404
<b>D</b>	Appointments are not given unless discussed with referring physician. Reserved for patients with established chronic pain conditions who would be better treated by specialists in orthopedics, chronic pain, or rehabilitation.	<ul style="list-style-type: none"> <li>- Diagnosed FM</li> <li>- Chronic MBP</li> <li>- Chronic soft tissue pain</li> </ul>	A consult with rheumatology may take up to 1 year.

IA = Inflammatory Arthritis, CTD = Connective Tissue Disease, OA = Osteoarthritis, ADLs = Activities of Daily Living, FM = Fibromyalgia, MBP = Mechanical Back Pain.