The Arva Clinic Referral Form	
☐ I agree to allow this consult to go to the next available Rheumatologist (f: 519-672-5007)	
Dr. Andy Thompson, f: 519-672-5007	
☐ Dr. Maeve Gamble, f: 519-679-3531 ☐ Dr. Carly Hewson, f: 519-672-9439	
Patient name:	Physician name:
Date of birth:	Phone:
Address:	Fax:
	Address:
Phone:	_
HCN:	Physician #:
HISTORY (★PATIENT OR PHYSICIAN TO COMPLETE★)	
1. Age: 2. Gender: □Male □Female → 3. Shade areas of PAIN or STIFFNESS	
4. How long have you had this problem? $\square < 6 \text{ m} \square < 12 \text{ m} \square > 1 \text{ yr} \square > 5 \text{ yr}$	
5. Are you aboriginal? YES NO	
6. What does your joint pain or stiffness get better with?	
□Activity (keep moving) □Rest (sit or lie down) □Other:	
7. Have you noticed obvious swelling in your joints? ☐ YES ☐ NO	
If YES, which joints are swollen?	
□Fingers □Wrists □Elbows □Knees □Ankles □Feet	
8. Have you stopped working because of this problem?  □YES □NO □N/A  □YES □NO □N/A	
<ul> <li>9. Do you or any of your family members have psoriasis?</li></ul>	
□Psoriatic arthritis □Lupus □Ankylosing spondylitis □Gout □Fibromyalgia	
If so, do you think you may be "flaring"? □YES □NO	
11. How long does your morning stiffness last from the	
time you wake up? (place mark on line to indicate)	hr 1 hr 1½ hrs 2 hrs +
PHYSICAL EXAMINATION (★ PHYSICIAN TO COMPLETE ★)	
12. Which joints are swollen on examination? □None □Not Sure □Fingers □Wrists □Elbows □Knees □Ankles □Feet	
13. Other relevant Physical Exam Findings:	
LABORATORY & IMAGING (★ ★ PLEASE ATTACH ALL LAB & IMAGING REPORTS ★ ★)	
·	•
	CRP: RF: ANA:
DIAGNOSIS (★ PHYSICIAN TO COMPLETE ★)	
14. What do you think is the diagnosis:	
□ Inflammatory □ Rheumatoid/Psoriatic/Reactive arthritis □ Ankylosing spondylitis □ PMR  15 Classify the problem: condition □ Lupus/Connective tissue disease □ Vasculitis □ Crystalline (Gout or CPPD)	
<b>15.</b> Classify the problem: Condition ☐ Liupus/Connective tissue disease ☐ Vasculitis ☐ Crystalline (Gout or CPPD)  ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
□Chronic pain condition (□Fibromyalgia) □Other:	
16. Has this Patient ever seen a rheumatologist Before? □NO □Not Sure □YES (please attach all consult notes)	
17. Is this Problem related to a prior injury?	
<ul> <li>18. How soon does this patient need to be assessed? □24-48 hrs (call) □2-8 weeks □2-4 months □4-6 months</li> <li>19. Please attach any other information you think is important (i.e. PMH, current meds, labs, investigations).</li> </ul>	
10. 1. 10000 datastrary out of minimator you think to important (i.e. 1 wirt, outfort mode, labe, myosugations).	

Signature: \_\_\_\_\_ Date: \_\_\_\_

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