

Patient name:	Referring physician/NP:
Date of birth:	Physician/NP OHIP#:
HCN:	Phone:
Phone:	Fax:
Address:	Address:

Direct referral to: Any rheumatologist: Fax: 519-646-6342 (on-call rheumatologist or next available), **OR** select below

Rheumatologist	Fax	Practice Focus
<input type="checkbox"/> Dr. Tom Appleton	519-646-6406	Inflammatory arthritis, early-stage knee OA, Behcet & autoinflammatory disease, general rheumatology*
<input type="checkbox"/> Dr. Lillian Barra	519-646-6072	Systemic vasculitis and IgG4-related disease ONLY
<input type="checkbox"/> Dr. Pari Basharat	519-646-6305	Myositis, general rheumatology*
<input type="checkbox"/> Dr. Tristan Boyd	519-646-6118	Psoriatic arthritis, ankylosing spondylitis, general rheumatology*
<input type="checkbox"/> Dr. Joanne Jiang	519-646-6252	Vasculitis, general rheumatology*
<input type="checkbox"/> Dr. Janet Pope	519-646-6334	Scleroderma, SLE, general rheumatology*
<input type="checkbox"/> Dr. Gina Rohekar	519-646-6348	Rheumatoid arthritis, general rheumatology*
<input type="checkbox"/> Dr. Sherry Rohekar	519-646-6221	Psoriatic arthritis, ankylosing spondylitis, general rheumatology*
<input type="checkbox"/> Injection clinic (<i>Joints, bursa, tenosynovitis</i>)	519-646-6342	Usually seen within 1 month. Not accepted: spine, trigger points, carpal tunnel, plantar fasciitis or Achilles tendonitis

***General Rheumatology:** Inflammatory arthritis (RA, psoriatic, AS), crystal (gout, CPPD), OA, PMR, lupus, scleroderma

All referrals are triaged and may be re-directed to another consultant by practice focus or availability. Appropriate referrals may be triaged to Dr. Sophie Glanz (Family Physician with Enhanced Skills in Rheumatology) to expedite access to care.

****For URGENT CONSULTS, contact the Rheumatology Consult Service via Hospital Switchboard: 519-685-8500****

REASON FOR REFERRAL	Suspected Diagnosis:
<p><i>Describe the patient's presentation or attach a separate letter.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Axial spondyloarthritis (e.g., ankylosing spondylitis) <input type="checkbox"/> Psoriatic or enteropathic arthritis <input type="checkbox"/> Crystal arthritis (gout or CPPD) <input type="checkbox"/> Systemic rheumatologic syndrome (eg. lupus, myositis, Sjogren, scleroderma) <input type="checkbox"/> Polymyalgia rheumatica (PMR) <input type="checkbox"/> Vasculitis (ANCA vasculitis, GCA, etc) <input type="checkbox"/> IgG4-related disease <input type="checkbox"/> Autoinflammatory disease/Behcet <input type="checkbox"/> OA, bursitis, tendinitis (injection clinic) <input type="checkbox"/> Other rheumatologic condition (please include the suspected/confirmed diagnosis in the referral description)
<p>***We <u>do not</u> accept referrals for chronic pain, mechanical back pain, fibromyalgia, TMJ dysfunction, chronic fatigue syndrome, or hypermobility syndromes (eg. Ehlers Danlos)***</p>	

Please attach patient's medical history, medication list, and relevant investigations (including labs, imaging & pathology).
Inflammatory markers (CRP and/or ESR) **must** be done for GCA and PMR referrals.

Physician/NP Signature: _____ Date: _____