



WOMEN'S COLLEGE HOSPITAL
Health care for women | REVOLUTIONIZED

Rheumatology Program, 4th Floor
Women's College Hospital
(416) 323-6400 x 6344 phone
(416) 323-6115 fax

Rheumatology Referral Form

Fluency in English: Yes No Interpreter Required: Yes No If yes: _____

Choose either: First Available Specific Physician _____

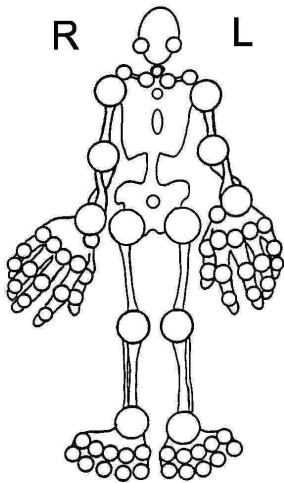
Reason for Referral: _____

Onset of symptoms: <6 weeks 6 weeks to 6 months >6 months Please Specify: _____

Relevant Medical History:

Investigations to Date: (please attach) X-ray Labs Other

Is there evidence of joint swelling ↑yes ↑no ↑Suspected
Please indicate which joints/ body regions are affected:



Are there other features suggestive of a rheumatologic condition? Yes No
Specify: _____

Physician

Billing Number

Date

Phone

Fax