



WOMEN'S COLLEGE HOSPITAL
Health care for women | REVOLUTIONIZED

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

Cardio-Rheumatology Referral Form

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

***Please NOTE:** Completion of the Rheumatology assessment form (pages 2 and 3) is required

Reason for Referral: _____

Relevant Medical History:

Cardiovascular investigations to Date: (please attach)

Current Medications:

Physician

Billing Number

Date

Phone

Fax

Rheumatology Assessment

Patient Name _____

DATE OF EXAM _____ (d/m/y)

DEMOGRAPHICS		Gender		<input type="checkbox"/> Male	<input type="checkbox"/> Female
DISEASE CATEGORY		<input type="checkbox"/> RA		<input type="checkbox"/> AS	<input type="checkbox"/> PsA
Disease Duration		DISEASE CHARACTERISTICS			
Year of diagnosis (Arthritis)	RA:	RF	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Unknown
		CCP	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Unknown
Year of diagnosis (Psoriasis)	AS/PsA:	HLA-B27	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Unknown
EXTRA ARTICULAR FEATURES (EVER DIAGNOSED)					
FOR RA PATIENTS			FOR AS/PsA PATIENTS		
Rheumatoid Nodules	N	Y	Scleritis/Episcleriti	N	Y
Interstitial lung disease	N	Y	Felty Syndrome	N	Y
Pericarditis	N	Y	IBD	N	Y
JOINT REPLACEMENT			FOR AS/PsA PATIENTS		
NO			YES		
IF YES			<input type="checkbox"/> HIP	<input type="checkbox"/> KNEE	<input type="checkbox"/> OTHER: Specify _____
RADIOGRAPHIC EROSIONS		Yes	No	Unknown	
NSAIDs - CURRENT USE		NO	YES	RECORD NSAIDS CURRENTLY TAKEN:	
Diclofenac (Voltaren, Arthrotec)	<input type="checkbox"/>	Daily	<input type="checkbox"/>	PRN	Indomethacin (Indocid)
Ibuprofen (Advil)	<input type="checkbox"/>	Daily	<input type="checkbox"/>	PRN	Naproxen (Aleve, Naprosyn)
Meloxicam	<input type="checkbox"/>	Daily	<input type="checkbox"/>	PRN	Celecoxib (Celebrex)
SYSTEMIC STEROIDS - TO DATE		NO	YES	RECORD ALL STEROIDS EVER TAKEN:	
Oral Steroids		<input type="checkbox"/>	Current	<input type="checkbox"/>	Past
IF CURRENT USE:		<input type="checkbox"/>	Prednisone	<input type="checkbox"/>	Prednisolone
IF CURRENT/PAST use:		Total number of years _____			
DMARDs EVER TAKEN?		NO	YES	RECORD ALL DMARDs EVER TAKEN:	
Methotrexate	<input type="checkbox"/>	Current	<input type="checkbox"/>	Past	Plaquenil
Leflunomide (Arava)	<input type="checkbox"/>	Current	<input type="checkbox"/>	Past	Azathioprine (Imuran)
Sulfasalazine	<input type="checkbox"/>	Current	<input type="checkbox"/>	Past	Apremilast
Tofacitinib	<input type="checkbox"/>	Current	<input type="checkbox"/>	Past	Chloroquine
Cellcept	<input type="checkbox"/>	Current	<input type="checkbox"/>	Past	Gold
BIOLOGIC EVER TAKEN?		NO	YES	RECORD ALL BIOLOGICS TAKEN:	
Infliximab (Remicade)	<input type="checkbox"/>	Current	<input type="checkbox"/>	Past	Rituximab (Rituxan, Mabtera)
Etanercept (Enbrel)	<input type="checkbox"/>	Current	<input type="checkbox"/>	Past	Tocilizumab (Actemra)
Adalimumab (Humira)	<input type="checkbox"/>	Current	<input type="checkbox"/>	Past	Abatacept (Orencia)
Golimumab (Simponi)	<input type="checkbox"/>	Current	<input type="checkbox"/>	Past	Ustekinumab (Stelara)
Certolizumab (Cimzia)	<input type="checkbox"/>	Current	<input type="checkbox"/>	Past	Secukinumab (Cosentyx)
Other Biologic: _____	<input type="checkbox"/>	Current	<input type="checkbox"/>	Past	Ixekizumab (Talz)

MUSCULOSKELETAL EXAMINATION

ACTIVE JOINTS

YES NO

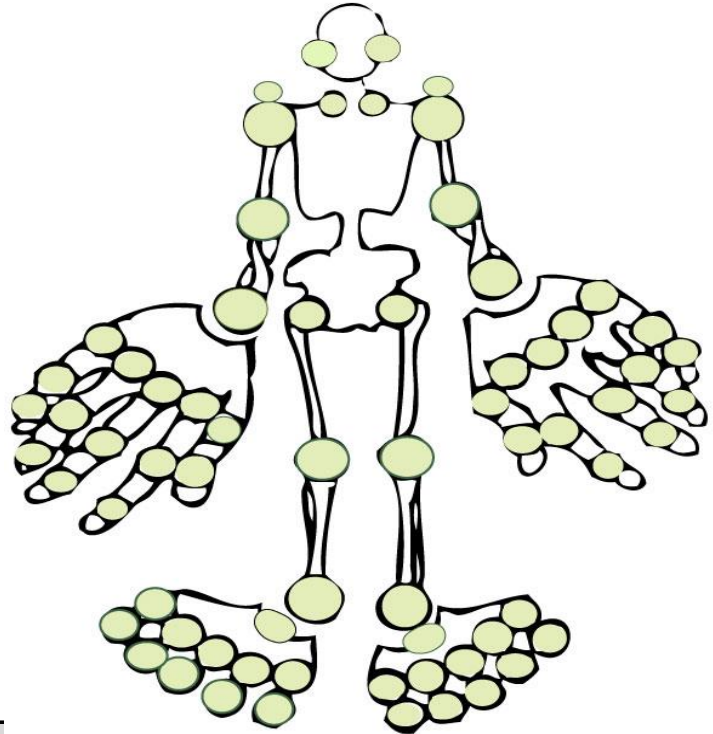
TENDER

SWOLLEN

TENDER & SWOLLEN

_____ TENDER JOINTS

_____ SWOLLEN JOINTS



CLINICAL JOINT DAMAGE

YES NO

Including: Joint deformity, ankylosis, mutilans

IF YES:

Number of damaged joints: 1 to 4 5 to 9 10 or more

DACTYLITIS

YES NO

(ONLY IN ANKYLOSING SPONDYLITIS & PsA)

IF YES:

Number of tender dactylitic toes/fingers: _____

CURRENTLY ACTIVE PSORIASIS

YES NO

(ONLY FOR PsA)

IF YES:

Body Surface Area Affected (%) _____

Physician Global Disease Activity

How would you rate the level of joint disease ?

(0 = inactive and 10 = very active)

0 1 2 3 4 5 6 7 8 9 10