CROCUS Medical Centre

Dr. Amber Cogar
Rheumatologist
1-1176 Taylor Ave., Winnipeg, MB, R3M 3Z4
Phone: 204-788-5722 • Fax: 204-789-9226

# Rheumatology Clinic Referral Form

| | | |
|---|---|---|
| Patient Name: | Date of Birth: | Referring Physician: |
| Gender/Pronouns: | Address: | Billing # |
| MHSC: | City/Province: | Phone: |
| PHIN: | Email: | Fax: |
| Home #: | Mobile #: | Signature: |

**Unfortunately, because of long waitlists, we are unable to see:**

| | | |
|---|---|---|
| Osteoarthritis/osteoporosis | Mechanical MSK conditions | Chronic Pain |
| Fibromyalgia | Mechanical back pain | Hypermobility |

**All referrals will need to have the following investigations completed and attached to the referral to assist the triaging and management of patients at the first appointment:**

| | | | | | | |
|---|---|---|---|---|---|---|
| CBC | Cr/GFR | Liver enzymes | CK | ESR | CRP | Urate |
| ANA | ENAs/ANA profile | CCP antibody | RF | XR hands / feet (+ SI joints if AS suspected) | | |

**Please indicate if:**

| | |
|---|---|
| ❑ Transfer of care | Previous rheumatologist: |
| ❑ Second opinion | Reason: |
| All second opinions will be triaged as routine unless extenuating circumstances are present and indicated. | |

**Suspected Diagnosis:**

| | |
|---|---|
| ❑ Inflammatory arthritis (rheumatoid/psoriatic) | ❑ GCA or other vasculitis |
| ❑ Ankylosing spondylitis | ❑ Myositis |
| ❑ Crystal arthritis (CPPD or gout) | ❑ SLE/lupus (ANA 1:160 or higher) |
| ❑ PMR (must have high CRP and age >50) | ❑ Systemic sclerosis / scleroderma |
| ❑ Other autoimmune disease: | |

**Evidence for Suspected Diagnosis:**

| | | |
|---|---|---|
| ❑ CRP elevated | ❑ Biopsy + | ❑ ANA 1:160 or higher |
| ❑ CCP+ | ❑ ANCA/MPO/PR3+ | ❑ MRI/XR shows inflammation / damage |
| ❑ RF+ | ❑ CK elevated | ❑ Palpable hot / swollen joints |
| ❑ Other: | | |

**Relevant History and Physical Exam Findings:**