

RHEUMATOLOGIST USE ONLY

Complete **BOTH** pages, **PRINT**, then **FAX**. DO NOT EMAIL

To	Fraser Health Outpatient Rehabilitation Regional Intake
Fax	604-520-2177
Date	_____
Pages	_____
From	_____
Re	Referral for Fraser Health Inflammatory Arthritis Outpatient Rehabilitation

We require

- Initial AND most recent rheumatology and orthopedic consult note or summary (include medical Hx, medications, recent imaging reports, labs, serology)
- Diagnosis: _____
- Date of Diagnosis (*mo/yr*): _____
- Activity/Self-Management Goal: _____

Patient must meet all intake criteria

- Multi-joint inflammatory condition including RA, PsA, AS, SLE, scleroderma, inflammatory myositis.
- Newly diagnosed (within last 2 years) or chronic condition refractory to medical management and recent decline in functional ability to participate in work and/or activities of daily living (e.g., transfers, getting dressed).
- Patient has sufficient cognition and self-efficacy to set and complete self-management goals.
- 18yrs+
- Lives in Fraser Health Authority (Abbotsford, Burnaby, Coquitlam, Chilliwack, Delta, Langley, Maple Ridge, Mission, New West, Port Coq, Port Moody, Pitt Meadows, Surrey, White Rock, Agassiz, Harrison Hot Springs, Hope)

Current ACR Functional Class (please tick one)

- I Completely able to perform usual activities of daily living (self-care, work, and recreation)
- II Able to perform usual self-care and work activities, but **limited in recreation activities**
- III Able to perform usual self-care activities, but **limited in work and recreation**
- IV **Limited in ability** to perform usual self-care, work, and recreational activities

Reason for referral

- Inflammatory arthritis education
- Splinting
- Physical activity coaching, exercise
- Adaptive equipment
- Sudden loss of function/range
- High risk of deformity/joint restriction
- Self-management (goal setting, treatment adherence, community resources, pain/fatigue limiting function)
- Comment (other): _____

Exclusion criteria:

- Referred for home assessment, custom foot orthotics, or falls assessment.
- Referred for concerns related to chronic mechanical pain, single joint mechanical pain, prior injury, repetitive strain (e.g., tendinitis), other conditions (e.g., osteoarthritis, fibromyalgia).
- Areas of concern related to an active WCB/ICBC case.
- Patient has accessed arthritis services in the last 2 years with no new rehabilitation needs.
- Patient is receiving specialized inflammatory arthritis service from another therapist (e.g., YARD).

Referring Rheumatologist:	Phone:	Fax:
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Family Physician:	Phone:	Fax:
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Functional summary of the patient and therapeutic target:

Patient Name: _____ Sex M F
Surname *First Name*

Date of Birth: _____ PHN: _____
(M/D/Y)

Address: _____
Street *City* *Postal Code*

Primary Phone: _____ 2° Phone: _____

Medical Interpreter required? *Recommended for medical terminology in patient education* Yes No
 Punjabi Hindi Gujarati Cantonese Mandarin Other _____

Transportation to Appointments Private Handydart
(If HandyDART is selected, please ensure that patient is registered with HandyDART.)

INCOMPLETE REFERRALS WILL NOT BE REVIEWED

Completed referrals are reviewed within 5 business days and accepted patients are contacted directly to receive inflammatory arthritis outpatient rehabilitation services at either Burnaby Hospital or Surrey Memorial Hospital. We are a teaching facility and as such, students may be involved in your patient's care.