



fraserhealth

Better health.
Best in health care.

Please complete the referral form *AND* fax cover below, print **BOTH** pages,
then **FAX** to Outpatient Rehabilitation.

DO NOT EMAIL

FOR RHEUMATOLOGIST USE ONLY -

Urgent

Confidential

To: Fraser Health Outpatient Rehabilitation

Regional Intake

Fax: 604-587-7859

Date:

Pages:

From

Re: FH Outpatient Rehabilitation Referral – Inflammatory Arthritis

In order to screen the referral we require the following information:

- Initial AND most recent consult (include medical Hx, medications, relevant imaging reports, labs and serology)
- Diagnosis: _____
- Date of Diagnosis (*mo/yr required*): _____

Inflammatory Arthritis Clinic intake criteria:

- 18yrs+ (not being followed by YARD clinic)
- Areas of concern not related to an active WCB or ICBC case
- Patient has sufficient cognition to set self-management goals
- 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)

Referrals will be triaged to one of two FH locations

Surrey Memorial Hospital IA Clinic

Newly diagnosed < 2yrs from diagnosis

- Rheumatoid arthritis

Burnaby Hospital IA Clinic

Newly diagnosed or longstanding

- Inflammatory Arthritis

Note: Incomplete referrals will not be reviewed.

If accepted, patients will be contacted directly within ~2 weeks of the completed referral.

We are a teaching facility and as such, students may be involved in your patient's care.



Referring Rheumatologist:
 Phone:
 Fax:

Family Physician: Phone: Fax:

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.)

ACR Functional Class (please tick one):

- Class**
- 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
- Physical activity coaching & exercise
- Self-management (goal setting, treatment adherence, community resources)
- Assistance with daily function limitations (e.g. personal, household, work, leisure)
- Management of pain/fatigue impacting functional ability
- Splinting, footwear/orthotics, adaptive equipment
- Other _____