Dr. Dharini Mahendira
RHEUMATOLOGY

General Rheumatology Referral

Suspected inflammatory arthritis or autoimmune disease

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1 PATIENT DEMOGRAPHICS

Patient Name: **Date of Birth:** **Sex:** ☐ M ☐ F ☐ Other

Health Card #: **Phone:** **Symptom onset / duration:**

2 REFERRING PROVIDER

Name / Credentials: **CPSO / NP Reg #:**

Clinic / Office: **Fax:** **Phone:**

3 REASON FOR REFERRAL

☐ Diagnosis / management ☐ Second opinion ☐ Co-management ☐ Consideration for specific therapy

Clinical concern / additional detail:

4 CLINICAL FEATURES (check all that apply)

Early synovitis, positive RF or anti-CCP, or raised inflammatory markers sharpen the referral. Imaging is not required and should not delay referral. ★ = high-yield clue.

Joints / MSK
- ☐ Inflammatory joint pain, 2 or more joints ★
- ☐ Synovitis / joint swelling ★
- ☐ Morning stiffness over 30 to 60 min ★
- ☐ Symmetric small joints, hands or feet ★
- ☐ Large-joint mono or oligoarthritis ★
- ☐ Dactylitis (sausage digit) ★
- ☐ Enthesitis (Achilles / plantar)

Skin / mucosa / vascular
- ☐ Psoriasis ★
- ☐ Malar or photosensitive rash ★
- ☐ Oral or nasal ulcers
- ☐ Raynaud's phenomenon ★
- ☐ Digital ulcers / sclerodactyly ★
- ☐ Palpable purpura ★

Systemic / muscle
- ☐ Unexplained fever ★
- ☐ Weight loss / fatigue
- ☐ Sicca: dry eyes or mouth ★
- ☐ Proximal muscle weakness ★
- ☐ Myalgia with raised CK ★
- ☐ Serositis / pleuritic chest pain

Urgent clues: ☐ Suspected giant cell arteritis (new temporal headache, jaw claudication, visual change, age over 50, raised ESR) ☐ Suspected vasculitis

5 LABORATORY / INVESTIGATIONS (attach results)

No single test is mandatory, but relevant serology and inflammatory markers speed triage. Normal ESR and CRP with negative RF, anti-CCP, and ANA makes inflammatory arthritis less likely but does not exclude it.

KEY RESULTS — RF: **Anti-CCP:** **ANA titre / pattern:** **ESR:** **CRP:** **Urate:**

Immunology
- ☐ RF ★
- ☐ Anti-CCP ★
- ☐ ANA (titre & pattern) ★
- ☐ Anti-dsDNA
- ☐ ENA panel
- ☐ ANCA
- ☐ Complement C3 / C4

Inflammatory / other
- ☐ ESR and CRP ★
- ☐ CBC with differential
- ☐ Creatinine / eGFR
- ☐ Urinalysis
- ☐ Urate
- ☐ Creatine kinase (CK)
- ☐ Liver enzymes

Imaging / context
- ☐ X-ray affected joints
- ☐ Family Hx autoimmune: Y / N
- ☐ If yes, specify:

Current medications (list ALL, with dose):

Referring Provider Signature: **Date:**

Please attach: relevant lab results, imaging reports, and consultation notes. Outpatient / ambulatory referrals only.