

## **Rheumatology Centre**

A rthritic	Referral	Tool	(CADT)
Aitiiiii	rtciciiai	1001	(OAIXI)

Co Ar	heumatology Centre comprehensive thritis Referral Tool (CART) tient name:	<ul><li>□ I agree to allow the</li><li>□ Dr. Janet Pope</li><li>□ Dr. Sara Haig</li><li>□ Dr. Lillian Barra</li><li>□ Dr. Gina Rohekar</li></ul>	e consult to go to no Fax: 519-646-6334 Fax: 519-646-6407 Fax: 519-646-6344	1 □ Dr. Pari Ba 1 □ Dr. Tristan 2 □ Dr. Sherry	sharat Boyd Rohekar ppleton	ogist with specific Fax: 519-646-6305 Fax: 519-646-6118 Fax: 519-646-622 Fax: 519-646-640	i 3 1		
	te of birth:			Phone:					
Ad	dress:		_	Fax: Address:					
Ph	one:								
НС	N:			Physician #:					
	HIST	ORY (★PATIENT O	R PHYSICIAN T	O COMPLETI	E <b>★</b> )				
1.	Age: 2. Gende	er: □Male □Fe	male ———	<b>→</b> 3.	Shade are	eas of PAIN or S	TIFFNESS		
4.	How long have you had this problem?	' □<6m □<1	2 m □ > 1 yr □ >	5 yr	(		£13		
5.	Are you aboriginal? YES NO								
<ul><li>6.</li><li>7.</li><li>8.</li></ul>	□Activity (keep moving) □Rest (sit or lie down) □Other:  Have you noticed obvious swelling in your joints? □ YES □ NO  If YES, which joints are swollen?  □Fingers □Wrists □Elbows □Knees □Ankles □Feet								
9. 10.	Do you or any of your family members Check if you have any of the following □Psoriatic arthritis □Lupus □Ankyl If so, do you think you may be "flaring	osing spondylitis □Go	□YES □NO umatoid arthritis out □Fibromyalgi	ia	(18)3 3/2				
11.	How long does your morning stiffness time you wake up? (place mark on lin	<u> </u>			<del>   </del>	1½ hrs	2 hrs +		
	PHYSIC	CAL EXAMINATION	(★ PHYSICIAN	TO COMPLE	TE ★)				
	Which joints are swollen on examinat Other relevant Physical Exam Finding	gs:	e □Not Sure □F				kles □Feet		
	LABORATORY & IMA	•				•			
П	gb: WBC: F	PLT: ESF		RP:	RF:	ANA	\. <del>.</del>		
4 .		DIAGNOSIS (★ PH	YSICIAN TO COM	IPLETE ★)					
14.	What do you think is the diagnosis:								
15.	Classify the problem: con-	dition	s/Connective tissue on dition (□Osteoarthr	active arthritis  Ankylosing spondylitis  PMR disease  Vasculitis  Crystalline (Gout or CPPD) ritis,  Mechanical back pain etc)  Other:					
16.	las this Patient ever seen a rheumatologist Before?   □NO □Not Sure □YES (please attach all consult notes)								
17.	Is this Problem related to a prior injury?								
	B. How soon does this patient need to be assessed? □24-48 hrs (call) □2-8 weeks □2-4 months □4-6 months D. Please attach any other information you think is important (i.e. PMH, current meds, labs, investigations).								

Signature: Date: \_