Cardio-Rheumatology Program

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Fax Cover Sheet for Cardio-Rheumatology Referral

ATTN: Women's College Hospital

Cardio-Rheumatology Clinic

Phone: 416-323-7723

FROM:

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WOMEN'S COLLEGE HOSPITAL
Health care for women | REVOLUTIONIZED

CardioRheum

Cardio-Rheumatology Referral Form

Please NOTE:

- ***Do not*** *refer patients with pre-existing cardiovascular events (myocardial ischemia, coronary artery disease, angina, stroke, transient ischemic attack, heart failure, peripheral vascular disease, coronary re-vascularization etc.) or if they are already under the care of a cardiologist*
- *Completion of the rheumatology assessment form (pages 2 and 3) is required*

Date of Referral *(dd/mm/yyyy)*			
Referring Physician		**Billing Number**	
Phone		**Fax**	

Patient Demographics:

Preferred Name *(If different from label)*:

Gender *(If different from label)*:

Pronouns: ☐ He/Him ☐She/Her ☐ They/Them ☐ Other

Patient's Details: *Please attached Patient's label*

Is the patient aged 40-80 years: ☐ Yes ☐ No

Diagnosis of Rheumatoid Arthritis, Psoriatic Arthritis, or Ankylosing Spondylitis: ☐ Yes ☐ No

Ability to walk on treadmill: ☐ Yes ☐ No

Fluency in English: ☐ Yes ☐ No

Interpreter Required: ☐ Yes ☐ No

If yes, specify language: _____

Reason for Referral: _____

Relevant Medical History:

Cardiovascular investigations to date: *(please attach):*

Current Medications:

Rheumatology Case Report Form

_____ **DATE OF EXAM** ____ ____ ____ (d/m/y)

DEMOGRAPHICS					**Gender**	□ Male	□ Female
DISEASE CATEGORY	□ RA	□ AS	□ PsA	**Year of Birth** _____			

Disease Duration	**DISEASE CHARACTERISTICS**				
Age at diagnosis in years (Arthritis) _____	**RA:**	RF	□ Pos	□ Neg	□ Unknown
		CCP	□ Pos	□ Neg	□ Unknown
Age at diagnosis in years (Psoriasis) _____	**AS/PsA:**	HLA-B27	□ Pos	□ Neg	□ Unknown

EXTRA ARTICULAR FEATURES (EVER DIAGNOSED)

FOR RA PATIENTS						**FOR AS/PsA PATIENTS**		
Rheumatoid Nodules	N	Y	Scleritis/Episcleritis	N	Y	IBD	N	Y
Interstitial lung disease	N	Y	Felty Syndrome	N	Y	Uveitis	N	Y
Pericarditis	N	Y	Other: Specify _____			Psoriasis	N	Y

JOINT SURGERY **NO** **YES**

IF YES □ HIP □ KNEE □ OTHER: Specifiy _____

RADIOGRAPHIC EROSIONS **Yes** **No** **Unknown**

NSAIDs - CURRENT USE	**NO**	**YES**		**RECORD NSAIDS CURRENTLY TAKEN:**			
Diclofenac (Voltaren, Arthrotec)	□	Daily	□ PRN	Indomethacin (Indocid)	□	Daily	□ PRN
Ibuprofen (9.5)	□	Daily	□ PRN	Naproxen (Aleve, Naprosyn)	□	Daily	□ PRN
Meloxicam	□	Daily	□ PRN	Celecoxib (Celebrex)	□	Daily	□ PRN
Other: Specify _____	□	Daily	□ PRN				

SYSTEMIC STEROIDS - TO DATE	**NO**	**YES**		**RECORD ALL STEROIDS EVER TAKEN:**
Oral Steroids	□	Current	□ Past	
IF CURRENT USE:	□	Prednisone	□ Prednisolone	Dose: _____ mg/Day
IF CURRENT/PAST use:	Total number of years _____			

DMARDs EVER TAKEN?	**No**	**Yes**		**RECORD ALL DMARDS EVER TAKEN:**			
Methotrexate	□	Current	□ Past	Plaquenil (hydroxycholoquine)	□	Current	□ Past
Leflunomide (Arava)	□	Current	□ Past	Azathioprine (Imuran)	□	Current	□ Past
Sulfasalazine	□	Current	□ Past	Apremilast (Otezla)	□	Current	□ Past
Tofacitinib (Tofacitinib)	□	Current	□ Past	Chloroquine	□	Current	□ Past
Cellcept	□	Current	□ Past	Gold	□	Current	□ Past
Upadacitinib (Rinvoq)	□	Current	□ Past	Baricitinib (Olumiant)	□	Current	□ Past
Other: Specify _____	□	Current	□ Past				

BIOLOGIC EVER TAKEN?	**No**	**Yes**		**RECORD ALL BIOLOGICS TAKEN:**			
Infliximab (Remicade, Inflectra)	□	Current	□ Past	Sarilumab (Kevzara)	□	Current	□ Past
Etanercept (Enbrel, brenzys, Erelzi)	□	Current	□ Past	Rituximab (Rituxan, Mabtera)	□	Current	□ Past
Adalimumab (Humira, Idacio, Hyrimoz, Amgevita, Hulio)	□	Current	□ Past	Tocilizumab (Actemra)	□	Current	□ Past
				Abatacept (Orencia)	□	Current	□ Past
Golimumab (Simponi)	□	Current	□ Past	Ustekinumab (Stelara)	□	Current	□ Past
Certolizumab (Cimzia)	□	Current	□ Past	Secukinumab (Cosentyx)	□	Current	□ Past
Bimekizumab (Bimzelx)	□	Current	□ Past	Tildrakizumab (Ilumya)	□	Current	□ Past
Risankizumab (Skyrizi)	□	Current	□ Past	Brodalumab (Siliq)	□	Current	□ Past
Guselkumab (Tremfya)	□	Current	□ Past	Ixekizumab (Taltz)	□	Current	□ Past
Other: Specify _____	□	Current	□ Past				

ACTIVE JOINTS	**Yes**	**No**

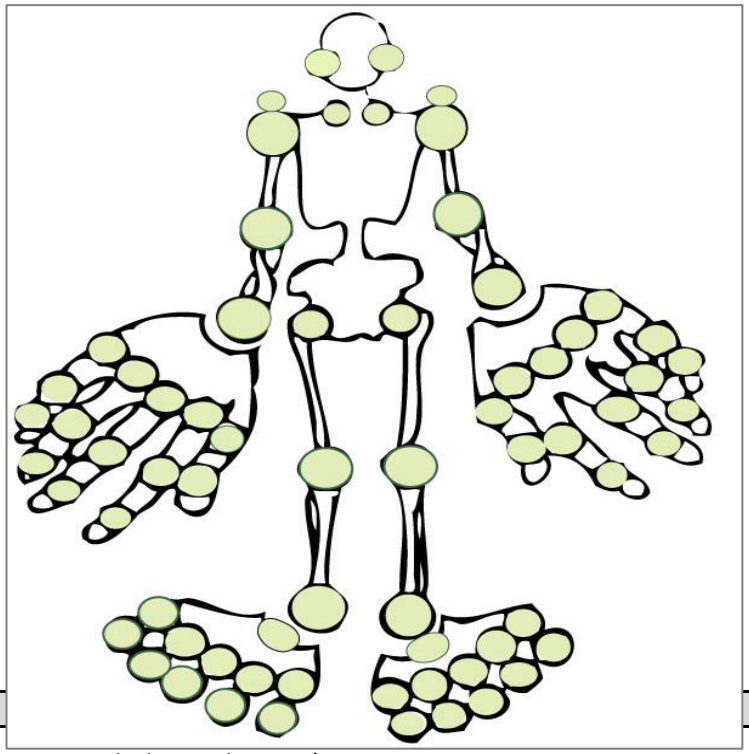
⊗ TENDER

● SWOLLEN

⊗ TENDER & SWOLLEN

_____ TENDER JOINTS

_____ SWOLLEN JOINTS



CLINICAL JOINT DAMAGE	**Yes**	**No**

Including: Joint deformity, ankylosis, mutilans (does not include OA damage)

IF YES:

Number of damaged joints: □ 1 to 4 □ 5 to 9 □ 10 or more

DACTYLITIS	**Yes**	**No**	**(ONLY IN ANKYLOSING SPONDYLITIS & PsA)**

IF YES:

Number of tender dactilitic toes/fingers: _____

CURRENTLY ACTIVE PSORIASIS	**Yes**	**No**	**(ONLY FOR PsA)**

IF YES:

Body Surface Area Affected (%) _____

Physician Global Disease Activity

How would you rate the level of **joint disease** ?

(0 = inactive and 10 = very active) 0 1 2 3 4 5 6 7 8 9 10