PATIENT NAME:	PHYSICIAN NAME:
DATE OF BIRTH:	PHONE:
ADDRESS:	FAX:
	ADDRESS:
PHONE:	
HCN:	PHYSICIAN #:
HISTORY (★PATIENT OR PHYSICIAN TO COMPLETE★)	
1. AGE: 2. GENDER:   Male  Female	3. <u>SHADE</u> areas of <u>PAIN or STIFFNESS</u>
4. Are you <u>NATIVE CANADIAN</u> ? □YES □NO	
5. <u>HOW LONG</u> have you had <u>THIS PROBLEM</u> ? □<6 m □<12 m □>1 yr □>5 yr	
<ul> <li>6. What does your joint pain or stiffness <u>GET BETTER</u> with? □Activity (<i>Keep moving</i>) □Rest (<i>Sit or Lie down</i>) □Other:</li> <li>7. Have you noticed <u>OBVIOUS SWELLING</u> in your <u>JOINTS</u>? □ YES □ NO <i>If YES</i>, <u>WHICH JOINTS</u> are <u>SWOLLEN</u>?</li> </ul>	
<ul> <li>Bingers DWrists DElbows DKnees DAnkles DFeet</li> <li>8. Have you STOPPED WORKING because of THIS PROBLEM? DYES DNO DN/A</li> </ul>	
<ul> <li>9. Do you or any of your family members have <u>PSORIASIS</u>? <u>DYES</u> DNO</li> </ul>	
10. Check if <u>YOU HAVE</u> any of the following conditions: □Rheumatoid Arthritis □Psoriatic Arthritis □Lupus □Ankylosing Spondylitis □Gout □Fibromyalgia <i>If so, do you think you may be "flaring"?</i> □YES □NO	
11. HOW LONG does your MORNING STIFFNESS last from the time you wake up? (place mark on line)       0       1/2	hr 1 hr 1½ hrs 2 hrs +
PHYSICAL EXAMINATION ( $\star$ PHYSICIAN TO COMPLETE $\star$ )	
<ol> <li><u>WHICH JOINTS</u> are <u>SWOLLEN</u> on <u>EXAMINATION</u>? None Not Sure Fingers Wrists Elbows Knees Ankles Feet</li> <li>Other <u>RELEVANT</u> Physical Exam Findings:</li> </ol>	
LABORATORY & IMAGING ( $\star$ $\star$ PLEASE ATTACH ALL LAB & IMAGING REPORTS $\star$ $\star$ )	
Hgb: WBC: PLT: ESR: 0	CRP: RF: ANA:
DIAGNOSIS (★ PHYSICIAN TO COMPLETE ★)	
14. What do <u>YOU THINK</u> is the DIAGNOSIS:	
Inflammatory       Inflammatory <td< th=""></td<>	
▲□Chronic Pain Condition (□Fibromyalgia) □Other:	
<b>16.</b> Has this Patient <b>EVER</b> seen a Rheumatologist Before? DNO DNot Sure DYES ( <i>please attach all consult notes</i> )	
<b>17.</b> Is this Problem related to a <b>PRIOR INJURY</b> ? □YES □NO	
<ol> <li>How <u>SOON</u> does this patient <u>NEED</u> to be <u>ASSESSED</u>? □24-48 hrs (<i>call</i>) □2-8 Weeks □2-4 Months □4-6 Months</li> <li>Please <u>ATTACH</u> any <u>OTHER INFORMATION</u> you think is important (i.e. PMH, current meds, labs, investigations)</li> </ol>	