Vancouver CoastalHealth
Promoting wellness. Ensuring care.

External Referral for Treatment
MARY PACK ARTHRITIS PROGRAM VANCOUVER

Mary Pack Arthritis Program
895 10th Avenue W
Vancouver, BC V5Z 1L7
Phone: 604-875-4040
Fax: 604-875-4321

Name: _____ Gender: ❑ M ❑ F ❑ U
Surname First name

Address: _____
Street City Postal Code

DOB: _____ Preferred Phone: _____ Email: _____
(MM / DD / YYYY)

PHN: _____ Alternate Contact: _____ Phone: _____

Family Doctor: _____ Phone: _____ Fax: _____

Referring Doctor: _____ Phone: _____ Fax: _____

Signature: _____ Dr. #: _____ Date: _____ Referring Dr.'s office stamp

ADMISSION CRITERIA
- Inflammatory arthritis
- Systemic autoimmune rheumatic disease (SARD)
- Inflammatory or erosive osteoarthritis
- Complex osteoarthritis

EXCLUSION CRITERIA
- Hypermobility syndromes, osteoporosis or fibromyalgia as a primary diagnosis
- Post-surgical intervention not related to inflammatory arthritis or SARD
- Open ICBC or WorkSafeBC claims
- Mechanical back pain
- Biomechanical conditions (such as tendonitis etc) as a primary diagnosis

Arthritis Diagnosis Requiring Treatment: _____

Current Joints Affected: _____ **New Diagnosis**: ❑ Yes ❑ No

Comorbidities: _____

Impact on daily living: **Mild** ❑ ❑ ❑ ❑ **Severe** **Explain:** _____

Remarks / Contraindications: _____

_____

►►PLEASE INCLUDE RELEVANT X-RAYS AND CONSULTS◄◄

The Mary Pack Arthritis Program may forward referrals to other appropriate local services or redirect internally

❑ Already followed by Rheumatology Nursing services

❑ Not appropriate for group education

❑ Needs interpreter (Language: _____)

TREATMENT REQUESTED

(Referrals to a specific rheumatologists should be sent to their private practice)

MEDICAL CLINICS

Specialist referral only (*)

❑ Biologic Infusions* ❑ Vasculitis
❑ Lupus ❑ Scleroderma
❑ Oral Medicine* ❑ Pregnancy
❑ Advanced Therapeutics ❑ Myositis*
❑ Orthopaedic* ❑ Psychiatry*
❑ Young Adult Rheumatic Disease* (YARD)
❑ Intensive Collaborative Arthritis Program* (ICAP - formerly OPDP)

PHYSIOTHERAPY

❑ Assess and treat
❑ Hydrotherapy
❑ Group exercise program

OCCUPATIONAL THERAPY

❑ Assess and treat
❑ Splinting
❑ Orthotics/footwear
❑ Fatigue management

SOCIAL WORK

❑ Individual or group counselling
❑ Self-management strategies
❑ Community resources
❑ Relationship stress/isolation

NURSING

❑ Disease related medication review
❑ Pathophysiology review
❑ Injection training (methotrexate)

RECEIPT OF REFERRAL

Date rec'd: _____

OFFICE USE ONLY

❑1 ❑2 ❑3 Chart #: _____

Ref #: _____

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