

Referral for Treatment
MARY PACK ARTHRITIS PROGRAM
CRANBROOK

Mary Pack Arthritis Program
20 – 23rd Ave South
Cranbrook, BC V1C 5V1
Phone: 250-426-4442
Fax: 250-417-0459

Name: _____		Surname		First name		Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	
Address: _____		Street		City		Postal Code	
DOB: _____		Preferred Phone: _____		Email: _____			
(MM / DD / YYYY)							
PHN: _____		Alternate Contact: _____		Phone: _____			
Family Doctor: _____							
Referring Doctor: _____		Phone: _____		Fax: _____			
Signature: _____		Dr. #: _____		Date: _____			

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
- Open ICBC or WorkSafeBC claim
- Mechanical back pain
- Biomechanical conditions (such as tendonitis etc) as a primary diagnosis

Arthritis Diagnosis Requiring Treatment: _____

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

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

Comorbidities: _____

Remarks / Contraindications: _____

TREATMENT REQUESTED

<input type="checkbox"/> PHYSIOTHERAPY	<input type="checkbox"/> OCCUPATIONAL THERAPY
---	--

▶▶ PLEASE INCLUDE RELEVANT XRAYS AND CONSULTS ◀◀

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

Specialty medical clinics are available by rheumatologist referral via telehealth services at the Vancouver Mary Pack Arthritis Centre

Social Work services are available by telehealth via internal referral only

- Group education not appropriate
- Needs interpreter: Language: _____

RECEIPT OF REFERRAL	
Chart #: _____	Ref #: _____
Date rec'd: _____	

OFFICE USE ONLY	
PT Priority	OT Priority
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Date: _____	Date: _____