

Referral for Treatment MARY PACK ARTHRITIS PROGRAM PENTICTON

Mary Pack Arthritis Program #550 Carmi Avenue Penticton, BC V2A 3G6 Phone: 250-492-4000 ext. 32186

ne: 250-492-4000 ext. 32186 Fax: 250-770-7552

Name:	Surname		First		Gender: 🗖 M	1 1 F 1 U
Address:						
	Street		City	Email:	Postal (
		Preferred Phone:				
PHN:	All	ternate Contact:			Pnone:	
Family Doctor:						
Referring Doctor: _		Phone:		_ Fax:		
Signature:		Dr. #:		Date:		
ADMISSION CRITERIA Inflammatory arthritis Systemic autoimmune rheumatic disease (SARD) Inflammatory or erosive osteoarthritis Complex osteoarthritis Complex osteoarthritis Arthritis Diagnosis Requiring Treatment:						
Current Joints Affected: New Diagnosis? Yes U						
Impact on daily I	iving: Mild 🖵 🏻	☐ ☐ Seve	ere Explain: _			
Comorbidities:						
Remarks / Contrai	ndications:					
TREATMENT REQUESTED						
	□ PHYSIOT	HERAPY	□ OCCUPATIONAL THERAPY			
► PLEASE INCLUDE RELEVANT XRAYS AND CONSULTS The Mary Pack Arthritis Program may forward referrals to other appropriate local services or redirect internally						
•	-	•	· ·	priate local ser	vices or reairect in	ternally
Specialty medical clinics are available by rheumatological telehealth services at the Vancouver Mary Pack Arthritical Pack Ar				☐ Group educ	cation not appropria	ate
Social Work services are available by telehealth via inte			Needs interpreter: Language			
Social Work Service	35 are available by to	eneallii via iiileiiia	Treferral Offig			
RECEIPT OF RE			OFFICE USE C			
Chart #:			PT Priority □ 1 □ 2		OT Priority □ 1 □ 2	٦ ٥
nei #			Date/Time:		Date/Time:	⊒ 3
			Therapist:		Therapist:	

Date rec'd: _