Vancouver CoastalHealth
Promoting wellness. Ensuring care.

Referral for Treatment

MARY PACK ARTHRITIS PROGRAM VICTORIA

Mary Pack Arthritis Program
2680 Richmond Road
Victoria, BC V8R 4S9
Phone: 250-598-2277
Fax: 250-598-1900

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

Address: ______________________________
Street City Postal Code

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

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: ______________________________

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►►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	PHYSIOTHERAPY	OCCUPATIONAL THERAPY
Specialist referral only * ❑ Pediatric * ❑ Vasculitis *	❑ Assess and treat ❑ Hydrotherapy ❑ Group exercise program	❑ Assess and treat ❑ Splinting ❑ Orthotics/footwear ❑ Fatigue management
TELEHEALTH CLINICS	**SOCIAL WORK**	**NURSING**
Clinics offered by telehealth ❑ Lupus * ❑ Pregnancy * ❑ Myositis *	❑ Individual or group counselling ❑ Self-management strategies ❑ Community resources ❑ Relationship stress/isolation	❑ Disease related medication review ❑ Pathophysiology review ❑ Injection training (methotrexate)

RECEIPT OF REFERRAL

Date rec'd: ______________________________

OFFICE USE ONLY

❑1 ❑2 ❑3 Chart #: ______________
Ref #: ______________________________