Mississauga for Rheumatology | Across Ontario for Allergy

Rheumatology Referral Form

Fax all Referrals to: 416-907-4166

ACIR
Allergy Clinical Immunology Rheumatology

☐ **Dr Mustafa Al-Maini, CPSO: 76979**
☐ **Dr Sahar Janjua (Female), CPSO: 156540**
P: 416-907-2003
F: 416-907-4166
E: patients@acir.ca
Ocean Electronic Referrals Available

Referral Considerations: ☐ URGENT ☐ WHEELCHAIR ☐ LANGUAGE: _____

Date:

Reason for Referral:

- ☐ ELEVATED ANA
- ☐ RHEUMATOID ARTHRITIS
- ☐ PSORIATIC ARTHRITIS
- ☐ ANKYLOSING SPONDYLITIS
- ☐ POLYMYALGIA RHEUMATICA
- ☐ LUPUS
- ☐ GOUT
- ☐ SJOGREN'S SYNDROME
- ☐ OSTEOARTHRITIS
- ☐ JOINT INJECTIONS
- ☐ OTHER: _____

Joint/MSK Assessment & Injection

Type of Injection

- ☐ Corticosteroid/Steroids
- ☐ PRP (Platelet-Rich Plasma)

- ☐ **Thumb/Wrist**
- ☐ **Shoulder**
- ☐ **Hip**
  - ☐ Psoas Bursa (illiopsoas bursa)
  - ☐ Trochanteric bursa

  **Acceptance of hip injection referrals are based on diagnosis and area suitability.*
- ☐ **Knee**
- ☐ **Ankle**
- ☐ **Toe**

Viscosupplementation Injection

- ☐ **Hip Arthritis**
- ☐ **Knee**
- ☐ **Shoulder**
- ☐ **Injectable Gels**
  - ☐ Neovisc
  - ☐ Synvisc
  - ☐ Durolane
  - ☐ Cingal
  - ☐ Other Gels

Clinical Information

Mandatory Check List
Please Attach Separately or include under clinical info

- Full Medication List
- Suspected Diagnosis
- Brief History
- Allergies
- Relevant Clinical Findings
  - Consultation Reports
  - Bloodwork Results
  - Diagnostic Imaging
    - X-Rays, CT, MRI
  - List of all joints affected

PATIENT INFORMATION

☐ *Select if patient is covered by:* ***IFHP/ Insurance / private pay / cash /***

First Name : **Last Name :**

HEALTH CARD : **VERSION CODE :** **SEX :** ☐ MALE ☐ FEMALE

DATE OF BIRTH (MM/DD/YYY) : **Address :**

Post Code : **Phone No :** **E-Mail :**

REFERRING DOCTOR

☐ **Copies to MRP/Family Doctor:** **FAX #**

DOCTOR'S NAME : **BILLING NUMBER :**

Address : **FAX # :**

Phone # :

_____

*Referring **MD Signature***