



Optimizing Chronic Disease Management

Chronic Disease Management - Rheumatology

Royal University Hospital
103 Hospital Drive Saskatoon, SK S7J 2S8



UNIVERSITY OF SASKATCHEWAN

REFERRAL FORM

Date: _____

Clinical Information (complete information prevents delays in service)

Name: _____

Street Address: _____ City/Town: _____

Postal Code: _____ DOB: _____ PHN: _____

Home Phone #: _____ Business Phone #: _____ Cell #: _____

Referring Physician: _____ Address: _____

Phone #: _____ Fax #: _____

- Diagnosis**
- | | |
|---|--|
| <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Reactive Arthritis |
| <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Polymyalgia |
| <input type="checkbox"/> Ankylosing Spondylitis | <input type="checkbox"/> Psoriatic Arthritis |
| <input type="checkbox"/> Lupus | <input type="checkbox"/> Vasculitis |
| <input type="checkbox"/> Other _____ | |

Reason for Referral Group Education Classes in RA; Individual App't @Pt Education (RUH)
 Outpatient Clinic; Phone Follow Up; Self Referral

- Educator to Discuss:**
- Disease-related information
 - Emotional adjustment to chronic disease
 - Exercise guidelines
 - Medication information
 - Pain Management
 - Other (describe) _____

Comments/Concerns:

Return to: Patient Education Centre; Main Floor, G Wing
103 Hospital Drive Saskatoon, SK. S7N 0W8
Phone #: (306) 655-6815 Fax #: (306) 655-6758

