

# ARTHRITIS REHABILITATION & EDUCATION PROGRAM REFERRAL FORM

FAX: 1.888.519.6869

ALTERNATE FAX NUMBER: 1.613.723.1172



## CLIENT INFORMATION

NAME: _____		HEALTH CARD #: _____
(First)	(Last)	
ADDRESS: _____		
(Street, P.O. Box, Rural Route)		(Apartment Number)
(City)		(Postal Code)
HOME: ( )	BUSINESS: ( )	
DATE OF BIRTH: _____		MALE: <input type="checkbox"/>
(Day)	(Month)	(Year)
		FEMALE: <input type="checkbox"/>

ALTERNATE CONTACT/GUARDIAN NAME: _____	RELATIONSHIP TO CLIENT _____	CONTACT #: _____
		( )

## MEDICAL INFORMATION

PRIMARY DIAGNOSIS: \_\_\_\_\_ Confirmed ☐ Suspected ☐

REASON FOR REFERRAL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PERTINENT HEALTH INFORMATION:

REFERRAL SOURCE Rheum ☐ GP ☐ Ortho ☐ Other MD ☐ PT ☐ OT ☐ SW ☐ RN ☐ NP ☐ Other HP ☐

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(Street, P.O. Box, Rural Route) (Suite Number)

(City) (Postal Code)

PHONE: ( ) FAX: ( )

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

(Day) (Month) (Year)

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The Arthritis Society  
Arthritis Rehabilitation and Education Program  
**General Referral Guidelines:**

The goal of The Arthritis Rehabilitation and Education Program is to help people with arthritis to minimize the impact of this chronic disease on their lives. Our focus is on teaching clients the skills to maximize their independence, enhance their mobility and improve their self-esteem and self-confidence.

There is no cost for the appointment. The client will be charged for splints and equipment.

1. Clients must have a confirmed diagnosis of arthritis and arthritis should be the primary presenting problem. We do not provide assessment/management for clients presenting with MSK pain or post-op joint replacement rehabilitation.
2. Referrals are triaged based on diagnosis, reason for referral, and availability of resources.
3. Major focus on inflammatory and peripheral joint arthritis. This includes conditions such as Ankylosing Spondylitis. Inflammatory arthritis referrals will be scheduled for a one-to-one comprehensive assessment and a treatment program will be developed. The treatment program might include group education.
4. Clients with a diagnosis of Osteoarthritis are triaged to one of our therapeutic education groups as available and/or to an individual assessment.
5. Clients with a diagnosis of Fibromyalgia may be triaged to a therapeutic education group if these groups are offered in their community, or referred to other community programs.

**Referral to a Physiotherapist or an Occupational Therapist:**

- Education and support
- Improved control over symptoms (pain, stiffness, mobility)
- Improved strength, endurance and energy
- Gait and mobility issues, including difficulty with stairs, bathroom transfers, etc.
- Functional limitations with activities of daily living or leisure
- Adapting the home or workplace to meet individual needs
- Splints, mobility devices or equipment to improve function
- Links to other Health or Community Resources

**Referral to Social Work:**

- Education and support
- Develop coping strategies for emotion and stress
- Identify and access social services and government resources
- Talking to family members about how arthritis affects them

➤ **We accept referrals directly from clients, as well as any health professional.**

For more information go to <http://arthritis.ca/ontario/arep>