

ARTHRITIS REHABILITATION & EDUCATION PROGRAM REFERRAL FORM

FAX: 1.888.519.6869

CLIENT INFORMATION		HEALTH CARD #:
NAME: _____		_____
(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
_____		_____
		() _____
MEDICAL INFORMATION		
PRIMARY DIAGNOSIS: _____		Confirmed <input type="checkbox"/> Suspected <input type="checkbox"/>
DATE of DIAGNOSIS: _____		
REASON FOR REFERRAL:		

PERTINENT HEALTH INFORMATION:		

REFERRAL SOURCE Rheum <input type="checkbox"/> GP <input type="checkbox"/> Ortho <input type="checkbox"/> Other MD <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> SW <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> Other HP <input type="checkbox"/>		
NAME: _____		
ADDRESS: _____		
(Street, P.O. Box, Rural Route)		(Suite Number)

(City)	(Postal Code)	
PHONE: () _____		FAX: () _____
DATE: _____		SIGNATURE: _____
(Day)	(Month)	(Year)

Privacy and Confidentiality: The Arthritis Society has policies and procedures to protect any personal health information collected, used and disclosed by the Arthritis Rehabilitation and Education Program. These policies and procedures meet the requirements of the Personal Health Information and Protection Act and guidelines from the Information and Privacy Commission of Ontario.

Alternate Fax Number in the event of transmission problems: 1.613.723.1172 or please call 1.800.321.1433. ext. 1562

AREP-39 HCP-Referral Form rev March 2018

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.

Our services are funded by the Local Health Integration Network (LHIN). The client will only 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:

- Assessment
- Education and support
- Information on how to control symptoms
- Exercise to improve strength, endurance and flexibility
- Examination of gait and mobility issues
- Evaluation of functional problems that limit activities of daily living or leisure
- Home or work place adaptation
- Recommendations on splints, mobility or assistive devices
- Links to other healthcare or community resources

Referral to Social Work:

- Community social services, income and benefit programs
- Government resources in your community
- Work, transportation or housing challenges
- Coping with your emotions and managing stress
- Talking with your family about how arthritis affects you
- Meeting other people with arthritis to share your experience

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

For more information to www.arthritis.ca/arep