Alberta Health Services

Patient Label Here

Rheumatology Central Triage RRDTC
1820 Richmond Road SW, Calgary AB T2T 5C7
Tel: 403-955-8734 Fax: 403-955-8199

Referral for Transfer of Care (TOC) to Young Adult Rheumatic Disease (YARD)

Date: _____

Referring Physician: _____ **Phone:** _____
Fax:_____

Family Physician: _____

REFERRAL INFORMATION - Please attach last consult note

Diagnosis: _____ **Date of diagnosis:** _____
Current disease status:

OTHER DISCIPLINES / CLINICS / PROGRAMS - Currently involved in care

Transfer of care initiated with other Disciplines/Clinics Programs: ☐ Yes ☐ No ***(If yes, provide information)***

_____

BIOLOGIC INFORMATION

On Biologic Therapy: ☐ Yes ☐ No **Drug:** _____

Insurance Details:_____ **SA Attached:** ☐ Yes ☐ No
Baseline Scores: _____ **Approval Attached:** ☐ Yes ☐ No

Renewal Date: _____ **Patient Support Program:** _____

OTHER INFORMATION

Will attend transition visit with adult/ped Rheumatologist: ☐ Yes ☐ No **Date:** _____

Does patient require YARD Clinic at RRDTC: ☐ Yes ☐ No

Allied Health Services requested:

Pharmacist ☐ Yes ☐ No

Physiotherapy ☐ Yes ☐ No

Social Worker ☐ Yes ☐ No

TOC to SHC - Dr. A. Fifi-Mah: ☐ Yes ☐ No

TOC to Community: ☐ Yes ☐ No **Location:** ☐ **Lethridge** ☐ **Calgary |**_____

Last appointment at ACH: _____