

Select physician(s) you feel should assess patient,  
Otherwise first available



Lillian Barra MD, FRCPC   
Rheumatologist

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Nephrologist

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Neurologist

## INTERDISCIPLINARY VASCULITIS CLINIC REFERRAL FORM

Fax referral form to: 519-646-6072

The interdisciplinary vasculitis clinic is an outpatient clinic for patients with suspected or diagnosed systemic vasculitis. If the patient is an inpatient, please contact rheumatology on-call: 14300.

### Patient Information

Name:  
DOB:  
Address:

Phone:

### Referring Physician Information

Name:  
OHIP#:  
Address:

Phone:  
Fax:

Is vasculitis confirmed  Yes  No

Diagnosis \_\_\_\_\_  Proven  Suspected

Organ involvement:  Kidney  Skin  Lung  ENT  Peripheral Nerves  Brain  
Other \_\_\_\_\_

Medications: \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_

Attach any if done: CBC, ESR, CRP, creatinine, Urinalysis, AST, ALT, glucose, ANCA, Biopsy report, Imaging

Please fax recent lab results, recent consult notes & imaging results to: 519-646-6072.

Rheumatology Centre  
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