Mary Pack Arthritis Program - Victoria
Victoria Arthritis Centre
2680 Richmond Rd
Victoria, British Columbia
Canada V8R 4S9
Tel: 250-598-2277
**Fax: 250-598-1900**

# REFERRAL

## Mary Pack Arthritis Program – Victoria

NAME: _____ _____ SEX: M ☐ F ☐
Surname First

ADDRESS: _____ Primary #: _____

CITY: _____ POSTAL: _____ Secondary #: _____

PHN: _____ DOB: _____
(MM/DD/YYYY)

ALTERNATE CONTACT: _____ Phone #:_____

**Arthritis Dx:** _____ New Diagnosis? ☐

**Exclusion Criteria:**
1. Active ICBC or WorkSafeBC Claim
2. Primary soft tissue conditions (eg. Bursitis, tendonitis, frozen shoulder)

**Secondary Dx:** _____

**Impact on daily living** **Mild** ☐ 1 ☐ 2 ☐ 3 ☐ 4 **Severe**

☐ 1 : 1 Treatment & Education
*Please attach relevant copies of imaging reports and consult letters*

☐ Fibromyalgia Program

☐ Osteoporosis Rehab. Program
*Bone Density Report Required*

Additional Instructions/Comments: _____

_____

Family Doctor: _____ Phone: _____ Fax: _____

Referring Doctor: _____ Phone: _____ Fax: _____

Signature: _____ Dr. # _____ Date: _____

**FOR OFFICE USE ONLY**
**Internal Referral** _____ **to** _____ **1 2 3** **Therapist:** _____ **Date:** ____/____/____

| | | | |
|---|---|---|---|
| OT | 1 | 2 | 3 |
| PT | 1 | 2 | 3 |
| RN | 1 | 2 | 3 |
| SW | 1 | 2 | 3 |
| FM | 1 | 2 | 3 |
| OPRP | 1 | 2 | 3 |