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COVER PAGE

Attention:

Name: _____

FROM:

**CALEO Health Spine
Rheumatology Assessment
Questionnaire**



Rheumatology Assessment Fee

There is a fee of \$150.00 CAD charged to the patient for the initial appointment. The assessment is only covered in part by your Provincial Health Insurance (i.e. Alberta Health). The assessment is performed with a physiotherapist as part of the assessment team. Physiotherapy assessments are uninsured services through Alberta Health. [The fee you are required to pay is for uninsured services only.](#) It is the responsibility of the patient to cover the cost of all uninsured services.

The AHS Central Intake Rheumatology Department accepts direct referrals from community based physicians and access to a Rheumatologist is not limited to only those that pay the fee. However, the direct route may take up to 24 months for a patient to be seen in consult unless the Rheumatology Department is confident that this is an urgent matter. Approximately 50% of patients referred directly to a Rheumatology Department from their family physician are deemed non-Rheumatological. The result is a significant delay in access to Rheumatology care for patients that are truly suffering with connective tissue disease and frustration for non-rheumatological patients that have waited long periods with little or no outcome for their condition.

Individual Rheumatologist have the right decline direct referrals from time to time in an attempt to manage their wait lists. the Rheumatology Department may also decline a referral if there is no clear indication that the patient will benefit from treatment.

The triage and assessment process is in place to assist non-rheumatological patients with obtaining timely treatment recommendations and access to the appropriate care pathway. The process also serves to determine urgency of Rheumatology patients so that care is not delayed for patients with urgent conditions.

Invoices for uninsured services will be provided and you may submit them to your extended healthcare plan. Payments can be made by: Credit Card or Debit; we do not accept personal cheques.

All refunds are subject to a \$20 administration & processing fee. [No refunds will be made after 90 days of your initial Payment.](#)

Patient Information

First Name

Last Name

Address

City

Province

Postal Code

Home Phone Number

Work Phone Number

Email Address

Cell Phone Number

Cell Phone Carrier

Health Card Number (PHN)

Province Issued

Gender

Date Of Birth (mm/dd/yyyy)

Right or left handed?

Weight

Height

Referring Physician's Information

Name of Referring Clinic

Name of Family/Referring Physician

Office Email Address

Phone Number

Fax Number

Current Condition (History of Present Illness)

When did you last see your family physician?

When will you see your family physician next?

Which, if any, of the following medical conditions do you have?

- Crohn's Disease, Ulcerative Colitis or Inflammatory Bowel Disease Psoriasis Rheumatoid Arthritis
 Lupus Gout Asthma Diabetes Mellitus - Type 1 or 2 Hypertension Heart Attack
Stroke Osteoporosis

Do you have any of the following skin conditions?

- Psoriasis Rashes from sunlight Unusual skin conditions diagnosed by a dermatologist or other specialist

Please list any problems, RELATING TO YOUR RHEUMATIC DISEASE, that you need to discuss with the doctor today.

- 1.
- 2.
- 3.

Please comment on your health situation in the following areas:

Exercise/Activities:

Work/School Status:

Insurance Coverage:

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Do you have general symptoms of stiffness?

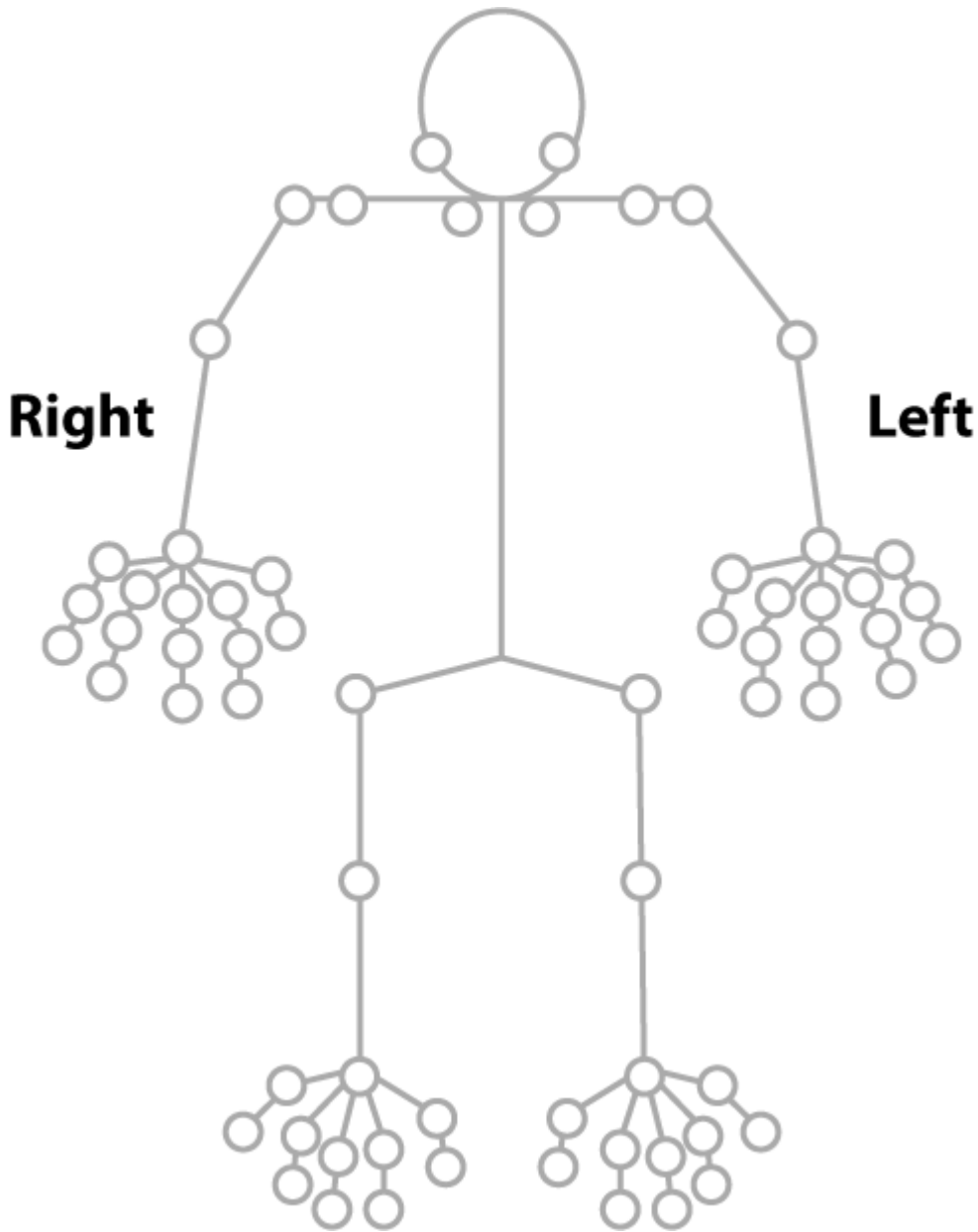
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When does stiffness occur?

How long does it last?

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Please mark your areas of concern:



Which joint areas are involved with pain or swelling?

Hands Wrists Ankles Feet Knees Shoulders Elbows

Please rate your fatigue symptoms on a scale from 0 to 10 (0 = No Fatigue 10 = Extreme Fatigue):

0

Do you suffer from sleep disturbance, either from pain or from other conditions such as night-time urination?

Have you ever taken steroids for any reason?

Reason(s) for steroids:

Asthma Arthritis Pleurisy Pericarditis Crohn's Other

Do you know if you have any abnormal blood tests of the immune system, liver, kidney, or blood counts?

Please provide a simple description of what these abnormalities are:

HAQ = Contact Patient

Select the answer which best describes your usual abilities OVER THE PAST WEEK:

Are you able to:	With No Difficulty (0)	With Some Difficulty (1)	With Much Difficulty (2)	Unable To Do (3)
Dress yourself, including shoelaces and buttons?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shampoo your hair?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get in and out of bed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stand up from a straight chair?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lift a full cup or glass to your mouth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cut your meat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Open a new milk carton?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk outdoors on flat ground?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climb up five steps?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Select any aids or devices that you usually use for any of the above activities.

Cane Crutches Walker Wheelchair Built up or special utensils Devices used for dressing (Button hook, zipper pull, long handheld shoe horn) Special or built up chair

Select any category for which you usually need HELP FROM ANOTHER PERSON

Dressing and Grooming Arising Eating Walking

How much pain have you had because of your illness in the past week?

Considering ALL THE WAYS THAT YOUR ILLNESS AFFECTS YOU, rate how you are doing on the following scale.

0

Select the answer which best describes your usual abilities

Over the past week I have been able to...	With No Difficulty (0)	With Some Difficulty (1)	With Much Difficulty (2)	Unable To Do (3)
Wash and dry my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take a tub bath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get on and off the toilet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bend down to pick up clothing from the floor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reach and get down a 5 pound object (such as a bag of sugar) from just above your head	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Turn faucet on and off	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Open jars which have been previously opened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Open car doors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get in and out of a car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Run errands and shop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do chores such as vacuuming (or yard work in warm months)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Select any aids or devices that you usually use for any of the above activities

- Bathtub bar Raised toilet seat Jar opener for jars previously opened Long-handled appliances in bathroom Long handled appliances for reach Other (please specify)

Other:

Select any category for which you usually need HELP FROM ANOTHER PERSON

- Hygiene Reaching Gripping and opening things Errands and Chores

Medication & Allergies

Please check any medications currently or previously taken:

Anti-inflammatory Medications:

Advil Naprosyn Arthrotec Ibuprofen Indomethacin Celebrex Alleve
 Diclofenac Vimovo

Gout Medications:

Allopurinol Colchicine Fuboxostat

Active Arthritis or Rheumatic Disease Medications:**Prednisone****Highest Dose**

Prednisone

mg

Methotrexate**Highest Dose****Taken By:**

Methotrexate

mg

Other Active Arthritis or Rheumatic Disease Medications:

Sulfasalazine Plaquenil Cyclophosphamide Solumedrol

Biologic Agents:

Remicade Enbrel Humira Simponi Cimzia Stelera Benlysta Rituximab
 Tocilizumab Abatacept

Please list all other medications:

Do you have any allergies to medication?**If yes, please list all:**

Past Medical History

Please list all medical conditions:

List all other previous surgery(s):

Please list any relevant family history:

Social & Occupational History

Occupation:

Current Work & Activity Status

Occupation:

Current work status:

Social History

Do you Smoke or Chew Tobacco?

If yes, how many packs per day?

Do you drink alcohol?

If yes, how often?

Do you use any street/recreational drugs?

If yes, please specify:

In general would you say your health is:

Comments