

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



Lillian Barra MD, FRCPC
Rheumatologist

William F. Clark, MD, FRCPC
Nephrologist

Michael Strong, MD, FRCPC
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.

**Monsignor Roney Building, level D2
268 Grosvenor St., London, Ontario N6A 4V2**

Phone: 519-646-5986