Toronto Myositis Centre

ST. MICHAEL'S HOSPITAL · UNITY HEALTH TORONTO

Referral form · Dr. Ophir Vinik, Rheumatology

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Martin Family Arthritis Care & Research Centre

1 PATIENT DEMOGRAPHICS

PATIENT NAME (LAST, FIRST)

DATE OF BIRTH (YYYY / MM / DD)

HEALTH CARD # + VERSION CODE

SEX

☐ M ☐ F ☐ Other

PATIENT PHONE

SYMPTOM ONSET / DURATION (DATE OR E.G. 8 MONTHS)

ONSET PACE

☐ Rapid ☐ Subacute ☐ Insidious

days–wks / wks–mos / mos–yrs

2 REFERRING PROVIDER

NAME / CREDENTIALS

CPSO / NP REG #

CLINIC / OFFICE

FAX

PHONE

REFERRING RHEUMATOLOGIST (SHARED CARE, IF ANY)

CONTACT (FAX / PHONE)

3 SUSPECTED PRESENTATION & CLINICAL FEATURES (CHECK ALL THAT APPLY)

SUSPECTED SUBTYPE

☐ Dermatomyositis ☐ Necrotizing (IMNM) ☐ Antisynthetase / overlap ☐ IBM ☐ Undifferentiated / possible IIM

*Core screen: proximal symmetric weakness with CK elevation. Highest-yield clues are DM skin signs (Gottron, heliotrope) and a positive myositis-antibody panel. A normal CK does not exclude dermatomyositis (amyopathic DM) or IBM. * = high-yield triage clue.*

MUSCLE (PATTERN & FUNCTION)

- ☐ Proximal weakness, symmetric *
- ☐ Difficulty rising from chair / stairs *
- ☐ Difficulty lifting arms / combing hair
- ☐ Rapidly progressive weakness *
- ☐ Myalgia (muscle pain)
- ☐ Falls / loss of balance

IBM-specific pattern

- ☐ Finger-flexor weakness / weak grip *
- ☐ Quadriceps weakness / knee buckling *
- ☐ Asymmetric weakness *
- ☐ Age > 50, slowly progressive *
- ☐ Little / no response to immunosuppression *

SKIN & NAILS (DERMATOMYOSITIS)

- ☐ Gottron papules / sign (knuckles) *
- ☐ Heliotrope rash (periorbital) *
- ☐ Photodistributed rash (shawl / V-sign)
- ☐ Mechanic's hands *
- ☐ Nailfold capillary / periungual change *
- ☐ Cutaneous ulceration *
- ☐ Calcinosis

Systemic / antisynthetase

- ☐ Raynaud's phenomenon
- ☐ Inflammatory arthritis / arthralgia
- ☐ Unexplained fever *
- ☐ Constitutional (weight loss, fatigue)

PULMONARY & BULBAR (RED-FLAG)

- ☐ Dyspnea / exertional breathlessness *
- ☐ New / progressive cough
- ☐ Known / suspected ILD on imaging *
- ☐ Rapidly progressive dyspnea + hypoxia *
- ☐ Dysphagia / choking / aspiration *
- ☐ Dysphonia / nasal regurgitation

Malignancy / mimic screen

- ☐ New adult-onset DM (cancer screen) *
- ☐ Recent unexplained weight loss
- ☐ Statin / myotoxic drug exposure *
- ☐ Family history of muscle disease

4 INVESTIGATIONS (ATTACH RESULTS)

Strongly recommended: CK, AST / ALT + LDH, ESR & CRP, TSH, CBC, and the myositis-antibody panel (MSA / MAA). Send the antibody panel early: anti-MDA5, anti-Jo-1 / synthetase, anti-SRP and anti-HMGCR change urgency and workup. Do not delay referral awaiting EMG or muscle biopsy.

KEY RESULTS

CK (VALUE / X ULN) _____ AST / ALT _____ ANA ☐ Pos ☐ Neg NOTABLE ANTIBODY (E.G. ANTI-MDA5) _____

MYOSITIS PANEL ☐ Sent ☐ Positive ☐ Not done

EMG ☐ Irritable myopathy ☐ Normal ☐ Not done

HRCT / ILD ☐ Yes ☐ No ☐ Pending

MUSCLE ENZYMES / LABS

- ☐ CK *
- ☐ AST / ALT *
- ☐ LDH
- ☐ Aldolase
- ☐ TSH
- ☐ CBC
- ☐ ESR & CRP

MYOSITIS ANTIBODIES (MSA / MAA)

- ☐ Full myositis panel *
- ☐ Anti-Jo-1 / synthetase *
- ☐ Anti-MDA5 *
- ☐ Anti-TIF1-gamma / NXP2 *
- ☐ Anti-SRP / HMGCR *
- ☐ Anti-cN1A (IBM)
- ☐ ANA

IMAGING / OTHER

- ☐ EMG / NCS
- ☐ Muscle MRI (STIR)
- ☐ HRCT chest (if dyspnea / ILD) *
- ☐ PFTs incl. DLCO
- ☐ Muscle biopsy (if done)
- ☐ Age-appropriate cancer screen (new DM) *

PRIOR TREATMENT TRIED

☐ Corticosteroid ☐ DMARD (MTX / AZA / MMF) ☐ IVIG ☐ Biologic / rituximab

SPECIFY / RESPONSE

CURRENT MEDICATIONS (NOTE STATINS / FIBRATES & OTHER MYOTOXIC AGENTS; LIST OR ATTACH)

REASON FOR REFERRAL

☐ Diagnosis / Management ☐ Treatment optimization ☐ Second opinion ☐ Co-management ☐ Juvenile myositis transition

CLINICAL CONCERN (BRIEF SUMMARY)

REFERRING PROVIDER SIGNATURE (TYPE NAME OR SIGN) _____ DATE (YYYY / MM / DD) _____

Please attach: relevant lab results, imaging reports, and consultation notes. Outpatient / ambulatory referrals only.

PRIVACY This form contains personal health information. Complete it on your own device or by hand, then print and fax to 416-864-5139. Please do not send it by email. Confirm the fax number before sending.