



Giant Cell Arteritis (GCA) Fast Track Clinic Referral Form

60 Murray Street M5T 3L9
C 337 (Rev. 04.2024) Page 1 of 2

Date of referral: _____ (dd/mm/yyyy)	
Name:	Address:
Date of birth: Age: Sex: M F	
Health card number:	
Telephone:	Email:
Referring MD: Billing #	Family MD:

The goal of this clinic is to provide rapid clinical assessment and investigations including vascular ultrasound for patients with a moderate to high suspicion for GCA (new or relapsing).

Referrals are collected Monday to Thursday, between 8:00 AM and 4:00 PM (excluding public holidays) and the patient will be contacted within 48 hours, if the referral is accepted.

Referral Criteria:

- Age greater than 45
- Signs or symptoms of GCA
- Acute/Subacute onset (less than 12 weeks) symptoms in a patient with newly suspected GCA
- Suspected GCA relapse
- Baseline bloodwork should be drawn prior to starting steroid and sending referrals: CBC, LFTs, Creatinine, ESR AND CRP (if both ESR and CRP cannot be obtained, a **CRP at minimum is mandatory**)
- Completion of the attached referral form (page #2) and fax to 647-427-2120

Referral guidance:

<ul style="list-style-type: none"> • GCA is a medical emergency. All suspected cases should receive treatment without delay. If you strongly suspect GCA, obtain baseline blood work (CBC, LFTs, Creatinine, ESR and CRP) and then start Prednisone 1mg/kg/day (maximum 80mg/day). <p>⚡ If you suspect GCA with visual symptoms (e.g. transient or persistent vision loss, double vision), send the patient to the Emergency Room for an ophthalmological assessment and potentially start IV Methylprednisolone.</p> <ul style="list-style-type: none"> • Please complete the attached referral form to facilitate triaging of patients. If you have any questions, you can call our office during business hours at 416-586-4800 ext. 5506



GCA Fast Track Clinic Referral Form

Please tick and write the appropriate information. This information will help triage your patient.		
Symptoms	Yes	No
Headache?		
If yes , how long is headache duration? (days/weeks/months)		
Jaw claudication (jaw pain with chewing)?		
Visual changes?		
Shoulder/hip stiffness?		
Constitutional symptoms (fevers, weight loss...)?		
Temporal artery abnormality (tender, thickened or pulse loss)?		
Reduced/absent radial pulse?		
Other pertinent info or medical hx:		

Investigations/Treatment	Yes	No
Abnormal ESR?	(value)	
Abnormal CRP?	(value)	
Has prednisone been started?	(date)	
Have you organized a temporal artery biopsy?		

Fax this completed referral to: 647-427-2120. Referrals will **NOT** be accepted if not completed.