McMaster University

Department of Pediatrics
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McMaster Children's Hospital
HAMILTON HEALTH SCIENCES

Pediatric Rheumatology – Referral for confirmed or suspected Neonatal Lupus patients

Contact for Referrals – Fax: 905-521-4968 Telephone: 905-521-2100 extension 75382

Patient name (or patient label):

DOB:

HIN:

Address:

Telephone #:

Infant's symptoms:

☐ Asymptomatic

☐ Symptomatic *(check all that apply):*

☐ Cardiac: ☐ Heart Block ☐ Carditis ☐ Other: _____

☐ Rash ☐ Cytopenias ☐ Elevated liver enzymes

☐ Other: _____

Fetal echocardiogram
Result *(if applicable)*:

Patient's mother:

Name: _____

Diagnosis: _____

Serology *(check all that apply and provide titres)*:

☐ ANA Titre: _____
☐ Anti-Ro Titre: _____
☐ Anti-La Titre: _____
☐ Other _____ Titre: _____