



We have recently received your referral request and/or patient documentation. In order for our office to effectively schedule and care for your patient, please fill out this form in its entirety as well as provide the necessary patient information noted below. Please make a note next to any documentation that has already been sent. Please be aware this information is required for an appointment to be made. Please fax this cover sheet and all applicable patient documentation to (601) 815-0471.

Date: _____ Patient Name: _____ Date of Birth: _____

Address: _____ City/State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____ SS#: _____

INSURANCE INFORMATION

Name of Insurance Company: _____ Phone: _____

Policy Number: _____

REFERRING PHYSICIAN/REFERRAL INFORMATION

Name: _____ Phone: _____ Fax: _____

Address: _____ City/State: _____ Zip: _____

Primary Reason for Referral (Please circle one – and ensure that the appropriate labs and records are provided):

Rheumatoid Arthritis-positive RF or anti CCP

Juvenile Rheumatoid-positive RF or anti CCP

Systemic Lupus Erythematosus (SLE)-positive ANA

Scleroderma-positive ANA & records

Mixed Connective Tissue Disease (MCTD)-positive ANA

Sjogren's Syndrome-positive ANA

Polymyositis/Dermatomyositis-elevated CPK or abnormal muscle biopsy

Osteoporosis- abnormal bone density (DEXA), hx of fx

Gout-elevated uric acid or exam showing tophi or crystals in joint fluid

Wegener's Granulomatosis-positive ANCA or biopsy showing granulomas

Bursitis-medical records

Sarcoid-chest x-ray, CT, or positive biopsy, labs & records

Carpal Tunnel Syndrome-medical records

Behcet's syndrome-medical records

Discoid Lupus-medical records

Abnormal ANA-medical records

Raynaud's Phenomenon-medical records

Psoriatic Arthritis-dermatologic confirmation

Ankylosing Spondylitis-medical records, plain x-ray

Vasculitis-elevated ESR/CRP or positive ANCA

Uveitis-ophthalmology referral and office notes

We thank you for the opportunity to treat and care for your patients. Please let us know if you have any further questions.

RHEUMATOTOLOGY ARG

Do not schedule patients with the following diagnoses:

Fibromyalgia

Osteoarthritis

Chronic pain

Low back pain

Any diagnosis not listed below is not to be scheduled until the supporting evidence or proof is available for review

For diagnoses not listed below, phone consultation with the Rheumatology on-call attending or Division Director is available between 8AM-5PM for questions or disposition. For diagnoses not listed below who do not desire a telephone consult, appointments for initial evaluations should be performed by a UMHC primary care physician.

Common diagnoses seen by Rheumatology that may be scheduled when supporting lab work/documentation is submitted include:

DIAGNOSIS

REQUIRED DOCUMENTATION

Rheumatoid arthritis –

must have lab oratory evidence of a positive RF or anti CCP

Systemic lupus erythematosus (SLE) –

must have evidence of a positive ANA

Scleroderma –

must have evidence of a positive ANA

Mixed connective tissue disease (MCTD)-

must have evidence of a positive ANA

Sjogren's syndrome –

must have evidence of a positive ANA

Polymyositis/Dermatomyositis –

must have evidence of an elevated CpK or abnormal muscle biopsy

Osteoporosis –

must have evidence of an abnormal bone mineral density or be scheduled for a bone mineral density prior to the visit

Gout

must have evidence of an elevated uric acid, or examination showing tophi or evidence of crystals on joint fluid examination

Wegene's granulomatosis

must have evidence of a positive ANCA or biopsy showing granulomas

Sarcoid

must have chest x-ray, CT or: biopsy showing sarcoid

Arthritis

must have evidence of an abnormal ESR or CRp

Psoriatic arthritis

must have dermatologic confirmation of psoriasis

Ankylosing spondylitis