

REFERRAL TO UK RHEUMATOLOGY

PATIENT INFORMATION

Last name _____ First name _____ Middle initial _____

Date of birth (month/day/year) _____

Address _____ Social Security number _____

Sex: Male Female _____ Phone number _____ Date of referral _____

Medical insurance: HMO PPO MediCare Medicaid Other _____ Amount of co-pay \$ _____

Insurance authorization number _____ Number of visits _____ Expiration date _____

Primary language: English Spanish Other _____ Translator required? Yes No

Referring provider information _____

Referring provider name title (MD, DO, ARNP, PA-C) _____

Phone number _____

Address _____

Fax number _____

City _____ State _____ Zip code _____

Contact name _____

How would you like us to communicate with you?

Phone: _____ Fax: _____ Email address: _____

Filling the following form will help in triaging and directing patients.

a) Does your patient have any of the following (for expedited referral/specialized clinic)?

- 1. Pulmonary fibrosis or interstitial lung disease
- 2. Renal disease related to lupus or scleroderma
- 3. Eosinophilic granulomatosis with polyangiitis (EGPA; formerly Churg-Strauss)
- 4. Granulomatosis with polyangiitis (GPA; formerly Wegener)
- 5. Giant Cell Arteritis/ Takayasu Arteritis
- 6. Unexplained cardiac failure
- 7. Unexplained renal failure
- 8. Autoimmune hearing loss
- 9. Autoimmune eye disease
- 10. Unexplained stroke
- 11. Finger ischemia

b) Reason for referral (choose main one)

- 1. ANA by IFA (Anti-nuclear antibodies by indirect immunofluorescence)
Circle pattern: nucleolar, centromere, speckled, peripheral, homogeneous
Titer 1:320 or greater _____
Titer 1:160-1:320 **and 1 or more:** thrombosis, cytopenias, low C3 or C4, dsDNA, Sm, SSA, SSB _____
- 2. Rheumatoid factor result: _____
- 3. Anti-CCP or ACPA blood result (Anti-cyclic citrullinated peptide) _____
- 4. Inflammatory joint pain - pain that decreases with activity
MUST INVOLVE following joints: metacarpal phalangeal, proximal interphalangeal, metatarsal phalangeal, and/or metatarsal phalangeal
May also involve: wrist, elbow, shoulder, knee, ankle
- 5. Creatine Kinase elevation three times normal or with objective proximal more than distal weakness
- 6. Elevated ESR (>80 mm/hr) or CRP
- 7. Arthritis with diagnosed psoriasis

We regret that we cannot accept at this time: fibromyalgia, polyarthralgia/polyarthritis, multiple joint pain, hypermobility or Ehlers-Danlos, fatigue, myalgia, muscle cramps, isolated rash, or pain management. If you wish to discuss a patient, please call UK•MD toll free 800-888-5533 or 859-257-5522.