

# 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.