HealthCare

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/ormetatarsal 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**.

FAX: (859) 218-7511