





## Rheumatology Consultation Request

**REQUIRED: All referrals must be accompanied with the appropriate clinic notes.**

Diagnosis	Required Tests (please attach)	Supporting Documentation (please attach)
<b>Rheumatoid Arthritis</b>	<input type="checkbox"/> Rheumatoid Factor (RF) <input type="checkbox"/> ESR	<input type="checkbox"/> Anti-CCP (cyclic citrullinated peptide) <input type="checkbox"/> CRP <input type="checkbox"/> Imaging studies
<b>Juvenile Inflammatory Arthritis</b>	<input type="checkbox"/> RF <input type="checkbox"/> ANA <input type="checkbox"/> ESR	<input type="checkbox"/> Imaging studies
<b>Systemic Lupus, Undifferentiated Connective Tissue Disease or Mixed Connective Tissue Disease</b>	<input type="checkbox"/> ANA <input type="checkbox"/> ESR	<input type="checkbox"/> Anti-dsDNA, SSA, SSB, Sm, RNP <input type="checkbox"/> C3, C4 <input type="checkbox"/> H&P evidence of Raynaud's, rash, myositis, serositis, arthritis <input type="checkbox"/> Laboratory evidence of nephritis or hematologic abnormalities
<b>Sjogren's Syndrome</b>	<input type="checkbox"/> ANA <input type="checkbox"/> SSA, SSB	<input type="checkbox"/> H&P evidence of dry eyes, dry mouth
<b>Polymyositis / Dermatomyositis</b>	<input type="checkbox"/> CPK <input type="checkbox"/> ANA	<input type="checkbox"/> H&P evidence of weakness ± rash <input type="checkbox"/> EMG
<b>Systemic Sclerosis / Scleroderma</b>	<input type="checkbox"/> ANA <input type="checkbox"/> SCL-70 <input type="checkbox"/> Centromere	<input type="checkbox"/> H&P evidence of Raynaud's, sclerodactyly
<b>Vasculitis</b>	<input type="checkbox"/> ESR <input type="checkbox"/> ANCA (if renal or pulmonary disease)	<input type="checkbox"/> PR-3 (anti-proteinase 3) <input type="checkbox"/> MPO (anti-myeloperoxidase) <input type="checkbox"/> CRP <input type="checkbox"/> Urinalysis / Creatinine <input type="checkbox"/> Chest X-Ray / CT
<b>Polymyalgia Rheumatica</b>	<input type="checkbox"/> ESR <input type="checkbox"/> CRP	<input type="checkbox"/> H&P evidence of shoulder / hip girdle pain or stiffness
<b>Ankylosing Spondylitis</b>	<input type="checkbox"/> CRP	<input type="checkbox"/> Sacroiliac/lumbosacral spine imaging studies
<b>Psoriatic Arthritis</b>	<input type="checkbox"/> CRP	<input type="checkbox"/> H&P evidence of psoriasis and nail changes, arthritis, enthesitis or dactylitis
<b>Reactive Arthritis</b>	<input type="checkbox"/> CRP	<input type="checkbox"/> H&P evidence of inflammatory arthritis ± inflammatory bowel disease
<b>Gout (requiring specialist care)</b>	<input type="checkbox"/> Uric acid	<input type="checkbox"/> ESR <input type="checkbox"/> Creatinine <input type="checkbox"/> Current medications <input type="checkbox"/> Synovial fluid analysis (if available)
<b>Other (please provide diagnosis or symptoms):</b>	<input type="checkbox"/> H&P	<input type="checkbox"/> Any supporting documents

**Note:** Hepatitis C is the most common cause of a positive RF and ANA. Please check for Hep C if clinically indicated.

We do not assume prescribing narcotic and scheduled substances from other providers, unless there are exceptional circumstances.