Clinic for Rheumatic Diseases

4280 Watermelon Rd, Suite 112 Northport, AL 35473
Phone: 205-750-0030 Fax: 205-750-0855

Rheumatology Referral Form
Fax completed form & patient information along with patient demographic sheet and insurance cards

Date: _____ Patient Information:	 Referring Physician Information:
Name: _____ ___Male ____Female DOB: ____/_____/___ Phone: _____Cell: _____ Insurance: _____	Physician Name: _____ Office Contact: _____ Phone: _____ Fax: _____

Reason for Referral: _____ **RA Rheumatoid Arthritis/Joint Pain** _____ **PSA Psoriatic Arthritis**

_____ **Inflammatory Back Pain/AS Ankylosing Spondylitis** _____**Other Joint Pain/Swelling** _____**Lupus** _____**Gout**

_____**Osteoporosis/Osteopenia** **Other:** _____

Information Needed with Referral:
___ **Referral Form**
___ **Notes on Patient History, Assessment, & Diagnosis**
___ **Lab Tests & Radiology Pertinent to Diagnosis**

*****Be advised, We DO NOT MANAGE CHRONIC PAIN OR NON-INFLAMMATORY SPINAL CONDITIONS*****

Joint Pain / RA

RA may be suspected if a patient has symptoms lasting ≥ 6 weeks AND any of the following are true:

Check all that apply
- ☐ Swollen joints *(≥ 1 small joint or ≥ 2 large joints)*
- ☐ Positive Squeeze Test
- ☐ Morning stiffness >1 hr.

Rheumatoid Arthritis Testing
- ☐ **RF** Rheumatoid Factor
- ☐ **Anti-CCP** Anti-cyclic Citrullinated Peptide Antibody
- ☐ **ESR** Erythrocyte Sedimentation Rate
- ☐ **CRP** C-reactive Protein

Psoriatic Arthritis

P ***Painful, Swollen joints***
S ***Stiffness, Sausage Finger***
A ***Axial Spine / Back Pain (Improves w activity)***

Check all that apply
- ☐ Evidence of Psoriasis
- ☐ Psoriatic Nail Dystrophy (*Oncholysis, Pitting, Hyperkeratosis)*
- ☐ "Sausage Digit" (*Dactylitis)*

PSA Testing
- ☐ Negative **RF** Rheumatoid Factor
- ☐ **ESR** Erythrocyte Sedimentation Rate
- ☐ **CRP** C-reactive Protein

Inflammatory Back Pain/ Ankylosing Spondylitis

Differentiate Inflammatory Back Pain Vs Mechanical Back Pain using IPAIN. (Pain >3 months)

Check all that apply
- ☐ ***I*** Insidious onset
- ☐ ***P*** Pain at Night
- ☐ ***A*** Age <40 years
- ☐ ***I*** Improves with exercise
- ☐ ***N*** No improvement with rest
- ☐ Ocular Inflammation

Inflamm Back Pain Testing
- ☐ Positive **HLA-B27**
- ☐ **ESR** Erythrocyte Sedimentation Rate
- ☐ **CRP** C-reactive Protein