

Rheumatology Consultation Form

Date: _____

<p>Referring Provider Information</p> <p>Physician Name: _____</p> <p>Office Contact: _____</p> <p>Phone/Fax _____</p> <p>Signature _____</p>	<p>Patient Information</p> <p>Name: _____</p> <p>Gender: _____ DOB: ____ / ____ / ____</p> <p>Phone: _____</p> <p>Insurance: _____</p> <p>(Send a copy of front and back of insurance card with this form)</p>
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Suspected or Confirmed rheumatic condition

RA Rheumatoid Arthritis / Joint Inflammation
 AS Ankylosing Spondylitis / Inflammatory Back Pain
 PSA Psoriatic Arthritis
 Uveitis/Oculars Inflammation
 Gout Lupus Other: _____

Information Needed With Referral: Most Recent office notes, medication list, any lab or x-ray results pertinent to diagnosis

<p><u>RA/Joint Pain</u></p> <p>RA may be suspected if a patient has symptoms ≥6 weeks AND any of the following are true</p> <p><u>Check all that apply.</u></p> <p><input type="checkbox"/> Swollen Joints (≥ 1 small joints or ≥ 2 large joints)</p> <p><input type="checkbox"/> Positive Squeeze Test</p> <p><input type="checkbox"/> Morning Stiffness ≥ 1 hr</p> <p><u>RA Blood Tests</u></p> <p><input type="checkbox"/> CRP C-reactive protein >10 mg/L</p> <p><input type="checkbox"/> Rheum Factor >20 IU/mL</p> <p><input type="checkbox"/> Anti-cyclic citrullinated peptide (anti-CCP): >20 U/mL</p> <p><input type="checkbox"/> Elevated ESR Sed Rate</p> <p><input type="checkbox"/> Positive ANA</p>	<p><u>Lupus</u></p> <p>Lupus criteria updated by ACR Positive ANA is entry criteria</p> <p><u>Check all that apply.</u></p> <p><input type="checkbox"/> Fever</p> <p><input type="checkbox"/> SCLE/DLE</p> <p><input type="checkbox"/> ACLE</p> <p><input type="checkbox"/> Oral ulcers</p> <p><input type="checkbox"/> Alopecia</p> <p><input type="checkbox"/> Arthritis/Joint Involvement</p> <p><input type="checkbox"/> Acute pericarditis</p> <p><input type="checkbox"/> Proteinuria</p> <p><input type="checkbox"/> Seizures or psychosis</p> <p><input type="checkbox"/> Leukopenia, Thrombocytopenia, or Autoimmune hemolysis</p> <p><u>Lupus Test</u></p> <p><input type="checkbox"/> Positive ANA</p> <p><input type="checkbox"/> Anti-dsDNA</p> <p><input type="checkbox"/> Anti-Smith Antibody</p> <p><input type="checkbox"/> LOW C3 or C4</p>	<p><u>AS/ Inflammatory Back Pain</u></p> <p>(pain > 3 months)</p> <p><u>Check all that apply.</u></p> <p><input type="checkbox"/> Insidious Onset</p> <p><input type="checkbox"/> Pain at Night</p> <p><input type="checkbox"/> Age < 40 yrs</p> <p><input type="checkbox"/> Improves with Exercise</p> <p><input type="checkbox"/> No improvement with Rest</p> <p><u>Ocular Inflammation</u></p> <p><u>AS Blood Tests</u></p> <p><input type="checkbox"/> Positive HLA-B27</p> <p><input type="checkbox"/> Elevated ESR Sed Rate</p> <p><input type="checkbox"/> CRP C-reactive Protein > 10mg/L</p> <p><u>GOUT</u></p> <p><input type="checkbox"/> Uric Acid >8</p>	<p><u>Psoriatic Arthritis</u></p> <p>P Swollen joints</p> <p>S Stiffness, Sausage Digit</p> <p>A Axial Spine / Back Pain that improves with activity</p> <p><u>Check all that apply.</u></p> <p><input type="checkbox"/> Psoriasis</p> <p><input type="checkbox"/> Nail Dystrophy</p> <p><input type="checkbox"/> "Sausage Gigit" (Dactylitis)</p> <p><u>PSA Labs</u></p> <p><input type="checkbox"/> Rheum Factor > 20 IU/ml</p> <p><input type="checkbox"/> Elevated ESR Erythrocyte Sedimentation Rates</p>
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Referral recommendation for those patients who **present with 1 or more criteria listed.**