



Piedmont

Eastside Rheumatology

Overcome Autoimmune Disease

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Date: _____

Rheumatology Consultation Form

Referring Provider Information	Patient Information
Physician Name: _____	Name: _____
Office Contact: _____	Gender: _____ DOB: ____/____/____
Phone: _____	Phone: _____
Fax: _____	Insurance: _____
	(Send copy of front & back of insurance card with this form)

Suspected or confirmed rheumatic conditions:

- RA Rheumatoid Arthritis / Joint Pain
- Lupus
- AS Ankylosing Spondylitis / Inflammatory Back Pain
- PSA Psoriatic Arthritis
- Uveitis / Ocular Inflammation

Information needed with referral: most recent office notes, medication list, any lab or x-ray results pertinent to diagnosis

RA/Joint Pain	Lupus	AS / Inflammatory Back Pain	Psoriatic Arthritis
<p><i>RA may be suspected if a patient has symptoms lasting ≥ 6 weeks AND any of the following are true:</i></p> <p>Check all that apply</p> <ul style="list-style-type: none"> • Swollen joints (≥ 1 small joint or ≥ 2 large joints) • Positive Squeeze Test • Morning stiffness >1 hr. <p>RA Blood Tests</p> <ul style="list-style-type: none"> • CRP C-reactive protein >10 mg/L • Rheum Factor > 20 IU/mL • Anti-cyclic citrullinated peptide (anti-CCP): >20 U/mL • Elevated ESR Sed Rate • Positive ANA 	<p>Lupus criteria updated by ACR. <i>Positive ANA is entry criteria.</i></p> <p>Check all that apply</p> <ul style="list-style-type: none"> • Fever • SCLE/DLE • ACLE • Oral ulcers • Alopecia • Arthritis/Joint involvement • Acute pericarditis • Proteinuria • Seizures or psychosis • Leukopenia, Thrombocytopenia, or Autoimmune hemolysis <p>Lupus Tests</p> <ul style="list-style-type: none"> • Positive ANA • Anti-dsDNA • Anti-Smith Antibody • LOW C3 or C4 	<p><i>(Pain >3 months)</i></p> <p>Check all that apply</p> <ul style="list-style-type: none"> • I Insidious onset • P Pain at Night • A Age <40 • I Improves w Exercise • N No Improvement w Rest <p>Ocular Inflammation</p> <p>AS Blood Tests</p> <ul style="list-style-type: none"> • Positive HLA-B27 • Elevated ESR Sed Rate • CRP C-reactive Protein >10mg/L 	<p>P Swollen joints</p> <p>S Stiffness, Sausage Digit</p> <p>A Axial Spine / Back Pain that Improves w activity</p> <p>Check all that apply</p> <ul style="list-style-type: none"> • Psoriasis • Nail Dystrophy • "Sausage Digit" <i>(Dactylitis)</i> <p>PSA Labs</p> <ul style="list-style-type: none"> • Rheum Factor > 20 IU/mL • Elevated ESR Erythrocyte Sedimentation Rate

Referral Recommended for those patients who **present with 1 or more criteria listed.**