



Warehouse Primary Care and Specialty Clinic

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 Cullman, AL 35055
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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: ___ / ___ / ___	Physician Name: _____
Phone: _____ Cell: _____	Office Contact: _____
Insurance: _____	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

<p style="text-align: center;"><u>Joint Pain / RA</u></p> <p><i>RA may be suspected if a patient has symptoms lasting ≥ 6 weeks <u>AND</u> any of the following are true:</i></p> <p>Check all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Swollen joints (<u>≥ 1 small joint or ≥ 2 large joints</u>) <input type="checkbox"/> Positive Squeeze Test <input type="checkbox"/> Morning stiffness >1 hr. <p><u>Rheumatoid Arthritis Testing</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> RF Rheumatoid Factor <input type="checkbox"/> Anti-CCP Anti-cyclic Citrullinated Peptide Antibody <input type="checkbox"/> ESR Erythrocyte Sedimentation Rate <input type="checkbox"/> CRP C-reactive Protein 	<p style="text-align: center;"><u>Psoriatic Arthritis</u></p> <p><i>P Painful, Swollen joints</i> <i>S Stiffness, Sausage Finger</i> <i>A Axial Spine / Back Pain (Improves w activity)</i></p> <p>Check all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence of Psoriasis <input type="checkbox"/> Psoriatic Nail Dystrophy (<i>Onycholysis, Pitting, Hyperkeratosis</i>) <input type="checkbox"/> "Sausage Digit" (<i>Dactylitis</i>) <p style="text-align: center;"><u>PSA Testing</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Negative RF Rheumatoid Factor <input type="checkbox"/> ESR Erythrocyte Sedimentation Rate <input type="checkbox"/> CRP C-reactive Protein 	<p style="text-align: center;"><u>Inflammatory Back Pain/ Ankylosing Spondylitis</u></p> <p><i>Differentiate Inflammatory Back Pain Vs Mechanical Back Pain using IPAIN. (Pain >3 months)</i></p> <p>Check all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>I</i> Insidious onset <input type="checkbox"/> <i>P</i> Pain at Night <input type="checkbox"/> <i>A</i> Age <40 years <input type="checkbox"/> <i>I</i> Improves with exercise <input type="checkbox"/> <i>N</i> No improvement with rest <input type="checkbox"/> Ocular Inflammation <p style="text-align: center;"><u>Inflamm Back Pain Testing</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Positive HLA-B27 <input type="checkbox"/> ESR Erythrocyte Sedimentation Rate <input type="checkbox"/> CRP C-reactive Protein
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