

Request for Washington University Rheumatology Clinic Consultation

Thank you for your referral to our clinics. In order to expedite your patient's appointment with our providers, please complete this form and fax it along with pertinent medical records to (314) 884-6005.

Please specify below if you are requesting a specific provider or if the first available provider is preferred. For information regarding our providers, go to www.rheumatology.wustl.edu. We have a limited number of new patient appointments and for common disorders such as osteoarthritis or fibromyalgia, we will accept only if they provide additional educational value for our trainees.

Referring Provider _____

Patient Name: _____

DOB: _____ SSN#: _____

Phone #: _____ Alternate Phone #: _____

Address: _____

City/State/Zip: _____

Insurance (Please send copies of the cards): _____

How quickly does your patient need to be seen?

If we are unable to meet your patient's needs, we will advise your office within 2 working days.

_____ Expedite or < 6 weeks

_____ Urgent or less than 2 weeks (Contact Doctors Access Line 314-747-3251)

_____ Routine 6-12 weeks

Washington University Rheumatology Clinic New Patient Referral

For patients who need to be seen on an urgent basis (within 2 weeks),
please contact the Doctors Access Line at 314-747-3251
and request the Rheumatology Medical Director.

Reason for referral – Check Applicable or Circle Disease

___ **A. Early Inflammatory Arthritis Clinic**

- Joint pain or swelling less than 6 months
- Abnormal ESR or CRP
- RF or +CCP

___ **B. Known or Presumptive Vasculitis**

- ANCA+
- Abnormal Clinical Findings _____

___ **C. Connective Tissue Disorder (SLE, Sjogren's/Polymyositis/Scleroderma)**

- +ANA/ENA
- Elevated CPK, Aldolase
- Abnormal Clinical Findings _____

___ **D. Spondyloarthropathy**

- (Psoriatic arthritis/Ankylosing spondylitis/
Arthritis of inflammatory bowel disease)

___ **E. Management of Rheumatoid Arthritis**

- +RF or CCP
- Elevated ESR or CRP
- Abnormal x-rays

___ **F. Gout/Pseudogout**

- +Crystals in synovial fluid
- Elevated uric acid
- Abnormal x-rays
- Joint effusion

___ **G. Temporal arteritis/Polymyalgia Rheumatica**

- Elevated ESR or CRP
- +Temporal artery biopsy

___ **H. Management of Rheumatic Disorder during Pregnancy**

- Preconceptual counseling
- Specify gestational age/rheumatic
disorder _____

___ **I. Sarcoidosis**

- Abnormal chest x-ray
- Abnormal findings _____

___ **J. Undiagnosed Rheumatic Disorder or Other**

- Elevated ESR or CRP
- Abnormal Symptoms or Findings _____

