

## FACSIMILE/TRANSMITTAL COVER SHEET

DATE: \_\_\_\_\_

PLEASE DELIVER TO: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

FROM: WU Rheumatology Scheduling Department

TELEPHONE NUMBER: (314) 286-2635, option # 2

FAX NUMBER: 888)-869-4437

### COMMENTS:

**Please complete this form and fax it back, along with the patient's medical records, to 888-869-4437.**

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\_\_\_\_\_ # of pages (including coversheet)

## 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 888)-869-4437

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 [rheumatology.wustl.edu](http://rheumatology.wustl.edu). We have a limited number of new patient appointments. Therefore, patient appointments will be prioritized based on their symptoms. We recommend our former trainees who are in clinical practice in the community:

Aisha Shaikh, MD  
1011 Bowles Ave Fenton, MO 63026  
314-496-5030

DanyThekkemuriyi, MD  
1035 Bellevue St. Louis, MO 63117  
314-925-4770

Patient Name:		
Date of birth:	Social security number:	
Phone #:	Alternate Phone #:	
Address:		
City	State:	Zip code:
Insurance (please send copy of cards):		
Does the patient have a known rheumatic disease?	Yes	No
If no, list active symptoms and/or abnormal lab work:		
How quickly does your patient need to be seen?		
Expedite or < 6 weeks		
Routine 6-12 weeks		
If urgent or appointment is requested for less than 2 weeks, please indicate clinical need for urgent care here:		



NATIONAL LEADERS IN MEDICINE

# Washington University Rheumatology Clinic New Patient Referral

Name:

Date of Birth:

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*Reason for referral – Check Applicable or Circle Disease*

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\_\_\_ **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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_