Rheumatology Associates, PLLC

Rheumatology Associates, PLLC Consultation Request

Dr. Paul Schneider Dr. Gary Crump Dr. Janet Leon

Sarah Stephenson, APRN Robin Hiser, APRN Ashley Maier, APRN

Consultation instructions:
Mail or fax referral form along with all lab results and other supporting documentation to:
Rheumatology Associates, PLLC
3430 Newburg Rd., Ste. 250
Louisville, KY 40218
Fax: (502) 456-0669

Questions, please contact the intake coordinator at (502) 893-3963 ext. 1126

Please allow 7 to 10 business days for us to contact your patient.

Patient Information

Last Name First Name Middle Initial

Date of Birth (month/day/year)

Address

Social Security Number

City State Zip

Sex Male Female

Home Phone Number (____) _____

Date of referral

Work Phone Number (____) _____

We do not accept: self pay, Medicare only, Medicaid, Passport, Tricare Prime or Medicare Replacement plans.

Cell Phone Number (____) _____

Policy Holder Name Group # ID # Policy Holder DOB

Primary Language: English Spanish Other _____

Referring Provider Information

Referring physician name Title (MD, DO)

Phone Number

Address

Fax Number

City State

Zip Code

Contact Name

How would you like us to communicate with you? Phone Fax

DX: _____

Send any and all information to support diagnosis, ie: labs, x-rays, office notes, MRI - <u>reports only</u>.
Insurance cards **<u>must</u>** be received or no appointment will be scheduled. Has patient seen a Rheumatologist (local or out-of-state)? If so, our office **<u>must</u>** receive a copy of his/her medical records. This information is very important for our doctors to review so they can help diagnose the patient.

Please do not diagnosis your patient before sending for a consult, code signs and symptoms

Describe Reason for Referral	
Joint Pain **And** swelling	Y or N
Abnormal labs	Y or N
malaise and fatigue	Y or N
Polyarthritis	Y or N
Risk Factor/Assessment Questions	
Morning stiffness greater or equal to 60 minutes?	Y or N
Positive Squeeze test? (MTP/MCP involvement	Y or N
Swollen Joints-1 or greater small joint	Y or N
Swollen Joints- greater than 4 joints	Y or N
Duration of symptoms greater or equal to 6 weeks	Y or N
Psoriasis?	Y or N

Labs- to be completed by Primary Care prior to referral and current with in the last month

CBC- Complete Blood Count	Y or N
Abnormal Platelets - High	High or Low
Anemia	Y or N
CRP - C Reactive Protein	normal or high
CMP - Complete Metabolic Panel	Y or N
ESR - Erythrocyte Sedimentation Rate	normal or < 40 or > 40
RF - Rheumatoid Factor	normal or 14-25 or > 25
WBC	High or Low
Anti CCP - Anti cyclic citrullinated peptide	< 60 or > 60 or high by reference lab standards

Labs to be done by the Rheumatologist if necessary

ANA - Antinuclear Antibodies

Vectra DA

HLA - B27

X-rays ordered by Rheumatologist if necessary

Provider very concerned about patient **Urgent - please call** Y or N

If the patient has been seen by a Rheumatologist or Dermatologist please send records.

* Medical records REQUIRED for a New Patient consult (to include clinical labs and X-rays)prior to scheduling appointment