

# REFERRAL FORM

Stanford Rheumatology

Phone: 650-723-6961

View Referral Status on PRISM

- Routine  
 Urgent

### REFERRING PROVIDER INFORMATION:

Referred by (MD, DO, NP, PA): \_\_\_\_\_ Form completed by: \_\_\_\_\_  
 Medical Group: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ NPI: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 \_\_\_\_\_

### PATIENT INFORMATION (Please provide a copy of patient demographics)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 DOB: \_\_/\_\_/\_\_\_\_ Phone: \_\_\_\_\_ Gender:  M  F  
 City/ State/ Zip: \_\_\_\_\_  
 Needs Interpreter?  Y  N Language: \_\_\_\_\_

### Referral Information: (To avoid delay, use key below to assist in scheduling)

Diagnosis (ICD-10 Code): \_\_\_\_\_  
 Reason for referral: \_\_\_\_\_  
 Physician requested: \_\_\_\_\_

**\*If requested Physician is unavailable, can Patient be seen by another provider?**  Y  N

Consultation  2<sup>nd</sup> opinion

Reason for Consult:	
<input type="checkbox"/> Ankylosing Spondylitis	<input type="checkbox"/> Pseudogout
<input type="checkbox"/> Fever of unknown origin	<input type="checkbox"/> Psoriatic Arthritis
<input type="checkbox"/> Gout	<input type="checkbox"/> Rheumatoid Arthritis
<input type="checkbox"/> IgG4 related disease	<input type="checkbox"/> Sarcoidosis
<input type="checkbox"/> Osteoarthritis/ Arthritis	<input type="checkbox"/> Sjorgen's syndrome
<input type="checkbox"/> Polymyalgia Rheumatica	<input type="checkbox"/> Steroid responsive hearing loss
<input type="checkbox"/> Polymyositis/ Dermatomyositis	<input type="checkbox"/> Systemic Lupus Erythematosus
<input type="checkbox"/> Positive ANA	<input type="checkbox"/> Vasculitis
<input type="checkbox"/> If other, specify reason above	

**Please contact the following clinics for the services requested:**

Diagnosis:	Redirect to / Clinic Contact:
Chronic Fatigue	Chronic Fatigue Clinic Ph: 650-736-5200
Ehlers Danlos Type III	Pain Management Ph: 650-723-6238 or Physical Therapy Ph: 650-725-5106
Fibromyalgia/ Chronic Pain	Pain Management Ph: 650-723-6238 (if no evidence of Rheumatologic Disease)
IgA or IgG Subclass Deficiency	Allergy Clinic Ph: 650-723-6961
Lyme Disease	Currently unavailable

**Include lab and imaging results for the following diagnosis:**

Myositis	Osteoarthritis/ Arthritis	Rheumatoid Arthritis	Systemic Lupus Erythematosus	Vasculitis
<ul style="list-style-type: none"> <li>• CMP</li> <li>• CBCD</li> <li>• Aldolase, CK, LDH</li> </ul>	<ul style="list-style-type: none"> <li>• Joint/body specified</li> <li>• Common imaging</li> </ul>	<ul style="list-style-type: none"> <li>• CRP</li> <li>• ESR</li> <li>• CBCD</li> <li>• CMP</li> <li>• RF</li> <li>• Anti-CCP</li> <li>• Common imaging</li> <li>• Hep B</li> <li>• Hep C</li> <li>• TSH</li> </ul>	<ul style="list-style-type: none"> <li>• CBCD</li> <li>• CMP</li> <li>• U/A</li> <li>• +ANA &amp; titer</li> <li>• dsDNA</li> <li>• C3</li> <li>• C4</li> </ul>	<ul style="list-style-type: none"> <li>• ANA</li> <li>• ANCA</li> <li>• U/A</li> <li>• Anti-protease 3 (pr3)</li> <li>• Anti-myeloperoxidase (MPO)</li> <li>• CRP</li> <li>• ESR</li> <li>• CBCD</li> <li>• CMP</li> <li>• Skin or Organ BX (in cutaneous vasculitis)</li> </ul>

**DOCUMENTATION REQUIRED** (Please fax with this form):

- If patient has been seen by previous rheumatologist, include prior notes and pertinent labs diagnostic study reports