

Date: \_\_\_\_\_

# Marshall Rheumatology Referral Form

**Patient Information:**

Name: \_\_\_\_\_

\_\_\_ Male \_\_\_ Female      DOB: \_\_\_/\_\_\_/\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Insurance \_\_\_\_\_ Referral Required? Y or N

**Referring Physician Information:**

Physician Name: \_\_\_\_\_

NPI: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Reason for Referral:**

\_\_\_ Rheumatoid Arthritis/Joint Pain    \_\_\_ Psoriatic Arthritis    \_\_\_ Osteoporosis/Osteopenia    \_\_\_ Lupus    \_\_\_ Gout

\_\_\_ Back Pain/Ankylosing Spondylitis    Other: \_\_\_\_\_

**Information Needed with Referral:**

\_\_\_ Referral Form

\_\_\_ Notes on Patient History, Assessment, Diagnosis and Pertinent Exam

\_\_\_ Lab Tests & Radiology Pertinent to Diagnosis

**\*\*Be advised, WE DO NOT MANAGE CHRONIC PAIN OR NON INFLAMMATORY CONDITIONS, INCLUDING FIBROMYALGIA AND PAIN OF OSTEOARTHRITIS**

**Joint Pain/RA**

**RA may be suspected if a patient has symptoms lasting at least 6 weeks AND any of the following are true:**

Check all that apply:

- Swollen Joints (at least 1 small joint or at least 2 large joints.)
- Positive Squeeze Test
- Morning Stiffness (great than 1 hr.)
- + RF
- + Anti-CCP
- Elevated ESR
- Elevated CRP

**Psoriatic Arthritis**

**P Painful, swollen joints  
S Stiffness, Sausage finger  
A Axial Spine/Back Pain  
(Improves with activity)**

Check all that apply:

- Evidence of Psoriasis
- Psoriatic Nail Dystrophy (Onycholysis, Pitting, Hyperkeratosis)
- Sausage Digit
- Negative RF
- Elevated ESR
- Elevated CRP
- + HLA-B 27

**Inflammatory Back Pain/Ankylosing Spondylitis**

**Differentiate Inflammatory Back Pain Vs Mechanical Back Pain using IPAIN (Pain less than 3 months)**

Check all that apply:

- I Insidious Onset
- P Pain at night
- A Age less than 40 years old
- I Improves with exercise
- N No improvement with rest

Ocular Inflammation

- + HLA-B27
- Elevated ESR
- Elevated CRP

**Lupus**

**Suspect if there is 1 positive lab and at least 2 of the following findings:**

Check all that apply:

- + ANA IFA
- + dsDNA
- + Smith Antibody
- LOW C3/4
- Skin Rash
- Oral Ulcers
- Alopecia
- Synovitis
- Serositis
- Proteinuria
- Neurologic Disorder
- Low WBC/Plts
- Hemolytic Anemia

**Gout**

**Suspect if there is episodic monoarthritis lasting more than 1 week, especially in toe/ankle or with visible tophus**

Check all that apply:

- Elevated Serum Uric Acid



**Dr. Randall N. Beyl  
Dr. Surabhi V. Jong  
Bobby J. Smith, CRNP**

**11491 Us Hwy 431  
Albertville, AL 35950  
Phone: 256-894-6700  
Fax: 256-894-6707 or  
256-840-3118**