



A Member of the Campbell  Clinic<sup>®</sup> Family  
ORTHOPAEDICS

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## RHEUMATOLOGY – REFERRAL REQUEST

The following **MUST** be received before processing the referral:

Reason for referral/consult: \_\_\_\_\_

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient address: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Email: \_\_\_\_\_

Referring provider: \_\_\_\_\_ Office #: \_\_\_\_\_

UPIN/NPI: \_\_\_\_\_ Fax #: \_\_\_\_\_

If referring provider is not the PCP, list PCP and Office #: \_\_\_\_\_

**We request that all patients have a primary care provider who will co-manage routine patient care.**

Has the patient previously seen rheumatology? Yes / No If yes, include previous notes, labs, and imaging.

Please note, our rheumatology clinic does not perform disability evaluations or functional capacity exams.

Also, we do NOT usually see the following conditions, if isolated without a rheumatologic problem:

Fibromyalgia / Ehlers-Danlos Syndrome / Mechanical Back Pain / Chronic Pain / Chronic Fatigue

### **PLEASE PROVIDE THE FOLLOWING REQUIRED INFORMATION FOR THE PATIENT**

- ☐ This completed consult/referral form.
- ☐ Full patient demographics, including copies of insurance card(s), front and back.
- ☐ Office visit notes within the past three months supporting diagnosis and reason for consult/referral.
- ☐ Pertinent labs and imaging results.
- ☐ Previous rheumatology records.
- ☐ If PCP is submitting a referral for another provider/specialist, they must include records from the specialist.
- ☐ **Required labs: ANA with IFA/Titer, Rheumatoid Factor, CCP, CRP, ESR, CBC, CMP, Uric Acid.**  
**All labs must be current, within 6 months of submission of the consult/referral.**
- ☐ If the above labs are unremarkable and the patient has extenuating circumstances, please have the referring provider contact the office to speak with one of our rheumatology providers.

Office Use Only:      Date Received: \_\_\_\_\_      Referral/Consulted Approved by: \_\_\_\_\_  
Appt Date/Time: \_\_\_\_\_      New Patient Packet Mailed: \_\_\_\_\_