



# Rheumatology Associates, PLLC

## Rheumatology Associates, PLLC Consultation Request

**Dr. Gary Crump Dr. Janet Leon Dr. Jacquelyn Smith Dr. J.B. Boone**  
**Robin Hiser, APRN Ashley Maier, APRN Lindsay Strattard, 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 - reports only.**

Insurance cards **must** be received or no appointment will be scheduled. Has patient seen a Rheumatologist (local or out-of-state)?

If so, our office **must** 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**

<b>Describe Reason for Referral</b>	
Joint Pain And swelling	Y or N
Abnormal labs	Y or N
malaise and fatigue	Y or N
Polyarthritis	Y or N
<b>Risk Factor/Assessment Questions</b>	
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