Stanford MEDICINE | Health Care

REFERRAL FORM

☐Routine
☐Urgent

Stanford Rheumatology Phone: 650-723-6961
View Referral Status on MedLink

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** ☐ **2nd opinion**

Reason for Consult:	
☐ Ankylosing Spondylitis	☐ Pseudogout
☐ Fever of unknown origin	☐ Psoriatic Arthritis
☐ Gout	☐ Rheumatoid Arthritis
☐ IgG4 related disease	☐ Sarcoidosis
☐ Osteoarthritis/ Arthritis	☐ Sjorgen's syndrome
☐ Polymalgia Rheumatica	☐ Steroid responsive hearing loss
☐ Polymyositis/ Dermatomyositis	☐ Systemic Lupus Erythematosus
☐ Positive ANA	☐ Vasculitis
☐ 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
• CMP • CBCD • Aldolase, CK, LDH	• Joint/ body specified • Common imaging	• CRP • ESR • CBCD • CMP • RF • Anti-CCP • Common imaging • Hep B • Hep C • TSH	• CBCD • CMP • U/A • +ANA & titer • dsDNA • C3 • C4	• ANA • ANCA • U/A • Anti-protease 3 (pr3) • Anti-myeloperoxidase (MPO) • CRP • ESR • CBCD • CMP • Skin or Organ BX (in cutaneous vasculitis)

DOCUMENTATION REQUIRED (Please fax with this form):

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