

Washington Regional Rheumatology Clinic

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REFERRAL COORDINATOR: LORIE SMITH OPT 2 OR EMAIL RHEUMATOLOGYCLINIC@WREGIONAL.COM

Dr. Jessica Chism
Board certified in Rheumatology
and Internal Medicine

Dr. Chris Sonntag
Board certified in Rheumatology
and Internal Medicine

REQUEST FOR REFERRAL

**ALL OF THE FOLLOWING INFORMATION MUST BE RECEIVED OR THE REFERRAL WILL NOT BE PROCESSED.
FOR FASTER PROCESSING, SUBMIT REQUESTS THROUGH EPIC.**

Reason for referral/consult: _____

Patient name: _____ DOB: _____

Patient primary phone: _____ Patient Secondary phone: _____

Referring physician: _____ Office phone: _____

UPIN/NPI: _____ Fax #: _____

PLEASE PROVIDE/ATTACH THE FOLLOWING REQUIRED INFORMATION ON THE PATIENT:

- This completed referral form and full patient demographics with insurance information.
- History & Physical and/or chart note as well as relevant radiology/imaging within the past year.
- **All previous Rheumatology/specialist records including labs and imaging.**
- **ALL LABS ARE REQUIRED AND MUST BE DRAWN LESS THAN 6 MO. PRIOR TO REFERRAL**

Rheumatoid factor	Uric Acid level	Urinalysis	ESR	CRP	CBC	CMP
ANA with Titer	Anti-Cyclic Citrullinated Peptide (CCP)	Hepatitis B Core AB				
Hepatitis B Surface Antibody(AB)	Hepatitis B Surface Antigen(AG)	Hepatitis C AB				
- If the above labs are unremarkable but the patient has extenuating circumstances that warrant an urgent appointment, please have the referring physician call to speak with our Rheumatologist.
- If the primary reason for the consultation is management of pain, please consider referring the patient to a chronic pain management specialist instead as our providers do not prescribe narcotics.
- Please know that our clinic is not able to perform disability evaluations or functional capacity examinations.
- Our providers are **not accepting patients for second opinions** or with a diagnosis of alpha-gal syndrome, fibromyalgia, myalgia, arthralgia, polyarthralgia, osteoarthritis, osteoporosis, ANA titer of 1:80 or lower without any other significantly elevated labs, hypermobility disorder(s) such as Ehlers-Danlos, psoriatic arthritis w/o documented dermatologic diagnosis of psoriasis or patients with active/untreated Hepatitis or TB. We do not see/treat patients under the age of 18.

For Office Use Only:

Appointment Date/Time: _____

Physician: _____ Patient Notified: _____ Packet Mailed: _____