



1119 Highland Avenue, Suite 3 | Clarkston, WA 99403 | Phone: 509.780.4444 | Fax: 509.780.4443

**Patient Information**

**PLEASE NOTE: If patient is under 17 years of age, a provider to provider call is appreciated at time of referral.**

Date \_\_\_/\_\_\_/\_\_\_ Patient Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_  
 Home Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_  
 State/Zip Code \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Referring Provider \_\_\_\_\_

**Insurance Information**

Primary Insurance \_\_\_\_\_  
 Policy/ID # \_\_\_\_\_ Group # \_\_\_\_\_  
 Secondary Insurance \_\_\_\_\_  
 Policy/ID # \_\_\_\_\_ Group # \_\_\_\_\_

**Reason for Referral (please choose from below and give a brief description of symptoms/history)**

- Rheumatoid arthritis \_\_\_\_\_
- Systemic lupus erythematosus (SLE) \_\_\_\_\_
- Spondyloarthritis \_\_\_\_\_
- Vasculitis \_\_\_\_\_
- Gout/crystal induced arthropathy \_\_\_\_\_
- Osteoarthritis \_\_\_\_\_
- Positive ANA \_\_\_\_\_
- Psoriatic arthritis \_\_\_\_\_
- Ankylosing spondylitis \_\_\_\_\_
- Inflammatory back pain \_\_\_\_\_
- Inflammatory arthritis \_\_\_\_\_
- Polymyalgia rheumatica \_\_\_\_\_
- Other connective tissue disease \_\_\_\_\_
- Other \_\_\_\_\_

**Specific requests (if applicable)** \_\_\_\_\_

**Supporting Documents**

- N/A  Included  **CBC, CMP, ESR, CRP, and UA if done within the last month**
- N/A  Included  **Hep B sAg, Hep B c Ab, and Hep C Ab if done within the last 3 months**
- N/A  Included  **Recent imaging related to affected area; chest x-ray if done within the last month**
- N/A  Included  **ANA Titer or Immunologic Labs - current or past if applicable**
- N/A  Included  Medication list
- N/A  Included  Allergies and intolerances
- N/A  Included  Past 2 years of office notes pertaining to referred problem
- N/A  Included  Past 2 years of diagnostic procedures (X-rays, MRI, CT, Labs) related to the problem
- N/A  Included  Past 5 years of Rheumatology/Arthritis office notes and labs

**Fax this form and other documents to 509.780.4443. If you need to speak with the office staff, please call 509.780.4444. Once the referral information is accepted, we will call the patient to schedule. We will also notify your office of the appointment date.**