

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

Patient Information**PLEASE NOTE: We do not see anyone under the age of 16 years old.**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, ALL ESR, CRP, RF, ANA Titlere (no latex) Standard Rheumatology workup**
- N/A Included **Additional labs: UA, HLA-B27, ANCA, ANti-CCp, Lupus**
- 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 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.