Dartmouth-Hitchcock
MANCHESTER

Phone: (603) 629-8655
(603) 629-8727

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Rheumatology (Adult & Pediatric)

Referral Appointment Request Form

Specialty (check one): ❑ Adult Rheumatology ❑ Pediatric Rheumatology

Clinical Information: Please note that a Rheumatology referral coordinator will be contacting the patient directly 3-5 days after receiving the below listed information to make the appointment based upon the information given on this sheet.

Please complete patient information below, or attach patient demographic information before faxing.

Today's date: ______________________________ DOB: ______________________ ❑ Male ❑ Female

Patient's Name: Last _________________________ **First** ______________________ **MI** __________

Address: ____________________________________ City, ST: ___________________ Zip: _________

Parent/Guardian (Last, First): ______________________________________ Insured's DOB: ____________

Home #: ____________________ Work #: ____________________ Cell #: ________________________

Language assistance needed: ❑ Patient ❑ Parent/Guardian Specify language: ___________________________

Name of insurance: _____________________ ID #: _______________ Insurance referral required? ❑ Yes ❑ No

Referring Provider: ____________________________________ Office Phone: ______________________

Contact Name: ____ Office Fax: ________________________

Address: ____

Email address: ____

Primary Care Provider (if different from above): ____

Office Phone: ____ Office Fax: ________________________

Specific question to be answered by consult: ____

____

____

Tentative diagnosis: ____

Length of time patient has had symptoms: ____

Data previously obtained to evaluate symptoms: ____

____

Test results:

RF: __________ ANA: __________ CRP: __________ SED Rate: __________ Other: ____________

Before faxing this referral form, please check the following information which is included so that we may process your referral in a timely fashion.

❑ Pertinent office notes (necessary) ❑ Medication list (necessary) ❑ Additional pertinent testing information
❑ Labs (if applicable) ❑ X-ray reports ❑ Insurance referral (if required)

****Please have patient hand carry X-ray Files to appointment.****