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: ______________________

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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.****