REFERRAL FORM

Referring Physician: _____

Podiatry

Possible Dx:

- ☐ Erosive/Inflammatory Arthritis
- ☐ Gout
- ☐ Raynaud's / Chilblains
- ☐ Refractory Enthesitis
- ☐ Vasculitis
- ☐ Other

Dermatology

Possible Dx:

- ☐ Interface Dermatitis
- ☐ Psoriasis
- ☐ Psoriatic Arthritis
- ☐ Raynaud's / Chilblains
- ☐ Recurrent Oral Aphthous / Behçet's
- ☐ Refractory Enthesitis
- ☐ Scleroderma / Linear Scleroderma / Morphea
- ☐ Vasculitis

Orthopedics

Possible Dx:

- ☐ Gout
- ☐ Pseudogout
- ☐ Polyarthritis / Tenosynovitis
- ☐ Inflammatory Back Pain / Sacroiliitis
- ☐ Synovitis - Elevated SF Leukocyte Count

GI/PCP/ Hematology

Possible Dx:

- ☐ Arthritis associated with Crohn's / Ulcerative Colitis
- ☐ Gout / Pseudogout
- ☐ Leukopenia
  - ☐ Serology_____ (specify)
- ☐ Other: _____

NO FIBROMYALGIA, CHRONIC FATIGUE SYNDROME, OR OSTEOARTHRITIS

In order to best serve your patients, SRI will not be scheduling new patients with a waiting time of more than four weeks. Staying within this timeframe will ensure that we evaluate patients with acute needs in a timely manner. Please fax completed form, **insurance cards**, most recent clinic notes, lab results, x-ray reports, and relevant studies to (919) 747-4195. Referrals cannot be triaged without copies of updated insurance cards.

Patient Name: _____ Date of Birth: _____ Patient Phone # _____

Alternate Phone # _____ Primary Insurance _____

Secondary Insurance _____

Reason for Consultation/DX _____

Office Contact _____ Referring Provider _____

Office Phone # _____ Fax # _____

SHANAHAN RHEUMATOLOGY & IMMUNOTHERAPY

Address 2222 E NC Hwy 54, Suite 200 Durham, NC 27713 | **Phone** (919) 405-2040

Fax: (919) 747-4195