Division of Rheumatology Referral Request

CHOC Children's Specialists

Division Phone: 714.509.8617 CHOC Scheduling Line: 888.770.2462 Fax: 855.246.2329

Urgent referrals require physician to physician contact. Please call (714) 509-8617 and ask to speak to the Rheumatologist on call

Patient Information

Does the patient live with someone other than the legal guardian? ☐ No ☐ Yes, relationship________________

Patient Name: ______________________________ ____ Date of Birth: ________ / _______ / __________

Parent/Guardian: __________________________________ Parent Phone: ______________________________

Insurance : __________________________________ Parent Cell: ______________________________

(Must be completed by referring provider)

Today's Date:________________ Reason for consultation:____

Date of last exam:____________**(Please forward progress notes related to this condition only)**

Pertinent Medical History:

____

____

Other Physicians treating this patient for this condition: ____________________________ Phone: ________________________

Pain: Yes No **Joint Swelling:** Yes No **Limp?** Yes No

Fevers: Yes, how high_________ No **Rash?** Yes No

Medication: ☐ None ☐ Yes ____

Work up completed up to date: (**Please forward results**)

☐ Laboratory Tests (ANA, Sed Rate etc.) Results < 1year

☐ Other______________________ ☐ X-Rays/CT/MRI

Referring Provider Name: ____________________________**Referring Provider Signature:** ________________________

Please include the following:

☐ Copy of the insurance card (front & back) **MUST ACCOMPANY THIS FORM**

☐ Copy of authorization (CPT: 99245) ☐ None required

☐ Progress Notes **Office Contact:** ______________________________

For Office Use Only: ☐ **CHOC** ☐ **NB** ☐ **MV**

☐ Next Available SB AS ☐ Overbook Approved: SB AS Within: 1wk 2wks 3wks 4wks ☐Restricted Slot

Deferred: ☐ Additional testing ☐ Labs_________________________________ ☐Other_______________________

☐ Refer to other Specialist: ___________________ ☐ Defer back to PCP for management

Comments: ____ Reviewed By: __________________

Updated: 06/21/2013