



Truman Medical Centers/University Health Rheumatology Early Referral

Patient Information

Full Name: _____ Date of Birth: _____
 Birth Sex: Female Male SS#: _____ Marital Status: Married Single Divorced Separated
 Primary Language: _____ Race: _____ Ethnicity: _____
 Address: _____
 Primary Phone: _____ Cell Home Work Alternative: _____ Cell Home Work
 Email: _____ Occupation: _____
 Emergency Contact Name: _____ Relationship: _____
 Primary Phone: _____ Cell Home Work Alternative: _____ Cell Home Work

Provider Information:

Referring Provider Name and Facility: _____
 Address: _____
 Phone Number: _____ Fax Number: _____
 Primary Care Provider Name and Facility: _____
 Phone Number: _____ Fax Number: _____
 Address: _____
 Prior Rheumatologist Name and Facility: _____
 Phone Number: _____ Fax Number: _____
 Address: _____

Referral Information

Reason for Referral: _____

Please provide all relevant labs, pathology and imaging, past medical history and physical exam.

Rheumatoid Arthritis	Swollen/tender joints, persistent morning stiffness lasting >30 mins, change in joint function, symptom duration > 6 weeks, ESR, CRP, Anti-CCP, RF, Imaging
Ankylosing Spondylitis	Prominent nocturnal pain and night awakening, AM stiffness > 1 hour, pain responsive to NSAIDS, HLA-B27, ESR, CRP, Imaging
SLE	Malar/discoid rash, photosensitivity, oral ulcers, nonerosive arthritis, pleuritis, pericarditis, fever, leukopenia, thrombocytopenia, psychosis, delirium, seizures, joint pain, proteinuria, cellular casts, non-scarring alopecia, kidney biopsy CBC, CMP, ESR, CRP, ANA, UA, Urine Protein / Creatinine Ratio, C3, C4, DsDNA, Anti-Sm
Scleroderma	Skin thickening of fingers, puffy fingers, sclerodactyly, digital ulcers, finger tip pitting scarring, telangiectasia, abnormal nailfold capillaries, ILD, PAD, Raynaud's ANA, ESR, CRP, Anti-Scl-70, Anti-RNA
Psoriatic Arthritis	Psoriasis, nail changes (onycholysis, pitting, hyperkeratosis), dactylitis, ESR, CRP, RF, Imaging
Vasculitis	Fever, fatigue, weight loss, night sweats, rash, oral and genital ulcers, joint pain and swelling, visual changes CBC, CMP, ESR, CRP, ANCA, UA,

Fax to 816-404-9492 with a copy of the patient's insurance cards.