Children's Physician Group– Rheumatology



Referral form

□ **Non-urgent referrals:** Fax this form to 404-785-9111.

□ Urgent referrals: Fax this form to 404-785-9096. Call 404-785-DOCS (3627) if you would like to discuss this case with the on-call rheumatologist.

	Patient's name:
Today's date	Patient's date of birth:
Checklist:	Patient's gender: 🗆 Male 🗆 Female
 Fax all appropriate records to our office prior to the patient's visit. This includes office visit notes, imaging studies (X-rays, MRI, etc.) and lab results. If lab results are pending at the time records are faxed, make sure the completed results are sent over when available. If the patient had imaging studies, ask the family to bring a disc with the images to their rheumatology appointment. If the patient has seen other specialists related to their symptoms, send these records to us as well. 	Parent/guardian's name:
	Cellphone: Alternate phone:
	Interpreter required: Yes No Language requested:
	Referring provider's name:
	Office phone: Office fax:
	Referring provider's status with patient: PCP Not PCP
	PCP name: PCP phone:
	Reason for referral (check all that apply): Joint pain and swelling Muscle weakness Recurrent fevers Rash Uveitis Abnormal labs Other:
	Did you send relevant labs pertaining to this referral?
	 Were imaging studies performed (X-ray, ultrasound, CT, MRI)? Yes No If yes, are the results included with this form? Yes No Have the patient bring a CD with images if they were not performed at a Children's Healthcare of Atlanta facility.
	 Did another physician or specialist recommend this referral? Yes No If yes, have all relevant clinic notes, labs and/or imaging study reports from the specialist been faxed? Yes No If you do not have records from the specialist, provide the following: Specialist name: