Duke Rheumatology Referral Form

Phone 919-613-2243
Fax 919-684-0761

For referrals within Duke Health, submit referral requests via MaestroCare.
Providers can submit referrals through Duke MedLink. MedLink is a secure, web-based application that allows referring providers quick and convenient read-only access to view patients' medical records, place orders and referrals, and send secure messages to Duke physicians. View more information about Duke MedLink at Physicians.DukeHealth.org/MedLink

Referral Requests

Please fax this completed referral form with all pertinent clinic notes, labs, imaging reports and pathology reports to the Duke Rheumatology Access Center at **919-684-0761**. This information is required before your patient's information is reviewed. After review, your patient will be notified about whether an appointment will be scheduled.

Referring Provider Information

Requesting Provider:	Date:
NPI:	
Hospital / Facility Name:	
Office Address:	
Office Phone:	Office Fax:
Office Contact Name:	

Patient Information *Please provide a copy of insurance card front and back*

Patient Name:		Date of Birth:
Address:		
Home Phone:	Mobile Phone:	Email:
Primary Insurance:	Member ID #:	
Secondary Insurance:	Member ID #:	
Diagnosis including ICD 10 code for consult referral:		

Referral Priority

☐ Routine ☐ Urgent

Is this a second opinion?

☐ No ☐ Yes, from a rheumatology provider ☐ Yes, from a non-rheumatology provider

Do you request a specific provider? We cannot guarantee a specific provider, and it will affect wait times

☐ No ☐ Yes - Provider name: _____

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Referral for Positive ANA

Please check all applicable:

- ☐ +dsDNA
- ☐ low C3 or C4
- ☐ Pleurisy
- ☐ Pericarditis
- ☐ Proteinuria
- ☐ Kidney Disease
- ☐ Cytopenias
- ☐ Fevers
- ☐ Swollen Joints
- ☐ Joint Pain
- ☐ Malar Rash
- ☐ Other Rash
- ☐ Photosensitivity
- ☐ Raynaud's
- ☐ Sicca Symptoms
- ☐ Other antibodies: _____
- ☐ Other _____

Referral for Arthritis

Please check all applicable:

- ☐ Suspected Inflammatory/Autoimmune Arthritis
- ☐ Continuation of Care for Inflammatory Arthritis
- ☐ Suspected Osteoarthritis
- ☐ Suspected Gout/Pseudogout
- ☐ +RF
- ☐ +CCP Ab
- ☐ Elevated ESR
- ☐ Elevated CRP
- ☐ Small joint swelling
- ☐ Large joint swelling
- ☐ Psoriasis

Referral for Other Rheumatologic Diagnoses

☐ Ankylosing Spondylitis	☐ Inflammatory Eye Disease	☐ Scleroderma	☐ Rheum-Oncology ☐ On chemotherapy ☐ On immunotherapy
☐ Cryoglobulinemia	☐ Lupus	☐ Sjogren's Syndrome	
☐ Hypogammaglobulinemia	☐ Myositis	☐ Vasculitis ☐ ANCA+ (GPA/MPA) ☐ EGPA ☐ Giant Cell Arteritis ☐ Takayasu ☐ Other _____	☐ Pregnancy ☐ Currently Pregnant ☐ Pre-conception counseling
☐ IgG4-Related Disease	☐ Polymyalgia Rheumatica		
☐ Immunodeficiency	☐ Sarcoidosis		☐ Other _____ _____

Referral for Other Symptoms/Diagnoses

Please check all applicable:

- ☐ Dry Eyes/Mouth
- ☐ Elevated CK
- ☐ Elevated ESR/CRP
- ☐ Fatigue
- ☐ Muscle Weakness
- ☐ Skin Rashes
  - ☐ Seen dermatology?
- ☐ Other _____

Please be aware that Duke Rheumatology will not schedule referrals for diagnoses of chronic pain, fibromyalgia, hypermobility syndromes/Ehlers-Danlos syndrome. Osteoarthritis will be seen for one-time referral. Chronic fatigue may not be scheduled depending on availability

Please include any additional comments: