



Children's
of Alabama

Pediatric Rheumatology

1601 4th Ave. South
Birmingham, Al 35233
Phone: (205) 638-9438

Date:

Thank you for your referral of _____ to Pediatric Rheumatology.
We have received your request for an appointment; in order to better serve you, please provide us with the following information.

Reason for referral: (please check and describe all that apply)

____ joint swelling ____ joint pain ____ back pain ____ neck pain ____ limb pain

____ a.m. stiffness ____ fatigue ____ other, please describe _____

Which joint(s)? _____

Duration of joint problems: _____ Duration of other problems: _____

____ rash, please describe: _____

____ other lesions, please describe: _____

____ unexplained fevers; how high is temp.? _____ ____ oral or nasal ulcers

____ hematuria ____ proteinuria ____ weakness ____ elevated blood pressure

____ Pain only - how many days of school has patient missed in last 365 days: _____

Pain/artralgias/arthritis response to NSAIDs: ____ None ____ Poor ____ Good

Slit lamp exam to evaluate for silent uveitis performed? ____ Yes ____ No; Result _____

Lab results:

ESR _____ CRP _____ WBC _____ (N _____, L _____)

Hct _____ Platelets _____ albumin _____

If +ANA, send results of titer, autoantibodies, and complements (C3 and C4).

Imaging of joints: _____

Please complete form and also fax legible recent clinic note, labs, and demographic information, including insurance. FAX: (205) 212-2734

Also send current medication list with dosing.

*****We review all charts prior to scheduling an appointment*****