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/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***