

RHEUMATOLOGY REFERRALS

Thank you for choosing St. Peter's Health Medical Group Rheumatology! We look forward to partnering with you. Completing and submitting this referral sheet will help us provide the highest quality patient care. Please attach demographic information to this form and **fax all information to us at 406-495-6835.**

Please mark the referral reason, complete pre-consultation workup as applicable, and ensure the corresponding information is enclosed:

- Fibromyalgia:** consultation to rule out alternative diagnosis or a comorbidity consisting of an inflammatory/autoimmune condition. Once ruled out, the patient will be returned to primary care provider for ongoing symptom management.
See labs below for workup
- Back Pain:** consultation to rule out inflammatory/autoimmune conditions, those who may benefit from consultation include:
 - Onset before the age of 40
 - Insidious onset
 - Improvement with exercise
 - No improvement, or worsens with rest
 - Pain awakening during the second half of the night
- Suspected Inflammatory Polyarthritis
 - Hand involvement: bilateral hand x-ray, AP and ball catcher views
 - Complete blood count (CBC) w/differential
 - Complete Metabolic Panel (CMP)
 - Rheumatoid Factor (RF)
 - Cyclic citrullinated peptide (CCP)
 - Antinuclear Antibody (ANA) w/reflex
 - Erythrocyte sedimentation rate (ESR)
 - C-reactive protein (CRP)
- Other: _____

Please push all images to PACs at St. Peter's Health or mail hard copy disk. Our providers will review all documents and imaging once received and your patient will be called to schedule. Urgent questions or phone consultations are welcome.

Thank you again for choosing St. Peter's Health!

Best Regards,
St. Peter's Health Rheumatology