



Department of Internal Medicine
Division of Rheumatology
1500 East Medical Center Drive
Ann Arbor, MI 48109
M-LINE: 1-800-962-3555
Clinic: 734-647-5900 Fax: 734-936-8067

Brighton Center for Specialty Care
7500 Challis Road
Brighton, MI 48116
Clinic: 810-263-4000 Fax: 734-232-1403

Dear Care Provider:

Thank you for referring your patient to Michigan Medicine's Department of Internal Medicine, Division of Rheumatology. We value our relationship with you and appreciate your confidence in our service and staff.

It is our goal to provide your patient with the highest quality of care in the most efficient manner. Your assistance in completing the attached referral request form to expedite the referral process is greatly appreciated. We ask you to carefully review the referral request form and provide all the pertinent information with supporting documentation including: your office encounter notes, laboratory testing (with relevant serological tests), imaging studies and any other relevant documentation deemed helpful. Most importantly, please state your question and suspected diagnosis to the evaluating rheumatologist.

If your patient has a managed care insurance provider (e.g. PPO, HMO, etc.), an insurance authorization is **required before** an appointment can be scheduled with us. For insurances requiring a referral or authorization from the primary care physician, please fax the referral to 734-936-8067.

The information listed above is required before an appointment can be scheduled for your patient. On receipt of this information, our office will review the medical documentation to determine the appropriate clinic for scheduling. Your patient will hear from us within 5-10 business days. If we do not receive complete information, it will delay scheduling of the patient.

We will not schedule a new patient appointment without speaking with each patient. Thus, accurate patient contact information will be important. Once the appointment has been scheduled, we will mail an appointment notice to your patient.

We greatly appreciate your confidence in referring your patient to our service.

Cordially,

Referrals Review Committee
Division of Rheumatology



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REQUEST FOR CONSULTATION

PLEASE COMPLETE FORM AND FAX TO 734-936-8067. Missing information WILL delay the scheduling of your patient.

Today's Date: Contact Name & Number:

Section 1: Patient Information (REQUIRED) Insurance authorization is required before an appointment can be scheduled.

Patient Name: (PLEASE PRINT)

Address: City/State/Zip:
Date of Birth: (REQUIRED) Sex: Female Male
Telephone Number: Other Daytime Contact #:

Patient's Insurance (REQUIRED):

Medicaid BCN BCBS Other: HMO POS PPO

Section 2: Physician Information (REQUIRED) - If referring physician is not Primary Care Physician, Provide PCP info.

Referring Physician's Name: UPIN #
Address: City/State/Zip
Telephone Number: Fax Number:

Primary Care Physician's Name: UPIN #
Address: City/State/Zip
Telephone Number: Fax Number:

Please give a brief summary of patient's medical history (REQUIRED):

Please explain in 1-2 sentences about the following:

- a) What rheumatologic condition do you suspect prompted the referral?
b) What is your specific question for the rheumatology care provider?

NOTE: All referrals are reviewed by Michigan Medicine rheumatologists within 5-10 working days of receipt. If you have not heard from our office, please contact the Rheumatology intake coordinator. It may be necessary for some patients to be seen by a Nurse Practitioner. If your patient required immediate care, please have the requesting provider contact the on-call Rheumatology attending through MLINE at (734)936-3856 or (800) 962-3555

Please fax consultation request form, medical documentation and managed care referral to (734) 936-8067



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Referral Request Form

REQUIRED:

All referrals must be accompanied by the appropriate the appropriate clinic notes with pertinent symptoms, physical findings and date of onset. For timely review of consult requests and scheduling appointments, it is necessary for all information marked as 'required' to be sent via fax or email.

1. Complete pages sections 1 and 2 of this form
2. In the summary section, please enter the working diagnosis and your question for the rheumatology team
3. Attach all pertinent encounter notes, laboratory test reports and imaging study reports with the referral. For Care Everywhere documentation, please indicate the date of the office encounter note pertinent to the referral.
4. Fax all the above with this completed form to 734-936-8067

We will need the following **patient information:**

- Last name
- First name
- Middle Initial
- Date of birth (month/day/year)
- Gender
- Address
- Best patient contact phone number
- Medical insurance information
- Patients primary language (also indicate if a translator will be required)

Please Note:

WE DO NOT ACCEPT REFERRALS FOR:

- Chronic pain, non-specific myalgia or arthralgia with normal lab results
- Osteoarthritis
- Chronic fatigue syndrome
- Skin psoriasis without evidence of inflammatory arthritis on exam, lab review or x-ray
- Fibromyalgia: we recommend patients attend the free Fibromyalgia Seminar through the Michigan Medicine Chronic Pain and Fatigue Research Center (<https://medicine.umich.edu/dept/cpfrfc/events/fibromyalgia-seminars>)
- + ANA without features of an inflammatory/autoimmune condition. Please keep in mind 5-10% of the population has a +ANA and <1% of these have lupus. Also, Hepatitis C is the most common cause of a positive RF and ANA (please check for HCV if clinically indicated)
- **We do not assume prescribing of narcotics and other scheduled substances from other providers unless there are exceptional circumstances**



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REQUIRED: Tests Supporting Documentation (please attach)

For Rheumatoid Arthritis referrals

- Rheumatoid Factor (RF)
- ESR
- Anti-CCP (cyclic citrullinated peptide)
- CRP
- Imaging studies

Juvenile Inflammatory Arthritis referrals

- RF
- ANA
- ESR
- Imaging Studies

Systemic Lupus, Undifferentiated Connective Tissue Disease or Mixed Connective Tissue Disease referrals

- ANA
- ESR
- Anti-dsDNA, anti-SSA, anti-SSB, anti-Smith, anti-RNP
- C3, C4
- H&P evidence of Raynaud's, rash, myositis, serositis, arthritis
- Laboratory evidence of nephritis or hematologic abnormalities

Sjogren's Syndrome referrals

- ANA
- Anti-SSA, anti-SSB
- H&P evidence of dry eyes, dry mouth

Interstitial lung disease referrals

- H&P with description of symptoms
- Pulmonary function test
- CT-chest (please advise patient to bring along the films on CD)
- *Patients will most likely be scheduled for a PFT at Michigan Medicine (case by case basis)

Polymyositis / Dermatomyositis referrals

- CPK, aldolase, AST, ALT
- ANA
- H&P evidence of weakness ± rash
- EMG or muscle biopsy (if available)



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Systemic Sclerosis/Scleroderma referrals

- ANA
- Anti-SCL-70, anti-Centromere, anti-RNA-polymerase 3
- H&P evidence of Raynaud's
- Pulmonary function test report
- Echocardiogram report
 - Patients will most likely be scheduled for a complete PFT at Michigan Medicine (case by case basis)

Vasculitis referrals

- ESR
- ANCA (if renal or pulmonary disease)
- PR-3 (anti-proteinase 3)
- MPO (anti-myeloperoxidase)
- CRP
- Urinalysis/Creatinine
- Chest X-Ray/CT

Polymyalgia Rheumatica referrals

- ESR
- CRP
- H&P evidence of shoulder/hip girdle pain or stiffness

Ankylosing Spondylitis referrals

- CRP Sacroiliac/lumbosacral spine imaging studies
- Psoriatic Arthritis CRP H&P evidence of psoriasis and nail changes, arthritis, enthesitis or dactylitis

Reactive Arthritis referrals

- CRP
- H&P evidence of inflammatory arthritis ± inflammatory bowel disease

Gout Referrals

(requiring specialist care)

- Uric acid
- ESR
- Creatinine
- Current medications
- Synovial fluid analysis (if available)
- Other (please provide diagnosis or symptoms):
- H&P any supporting documents