

**★★★ PLEASE READ ALL OF THE INFORMATION CAREFULLY SO THAT ALL NECESSARY PAPERWORK IS RECEIVED AND WE CAN GET THE REFERRAL PROCESSED AS QUICKLY AS POSSIBLE. ★★★**

**★★★★ REFERRAL WILL NOT BE PROCESSED IF:** form isn't completed with demographic sheet, copy of insurance cards, last 3 office notes & any labs or imaging that support the diagnosis. Please also make sure to include current history and physical. Patient email highly desired. **★★★★**

**★★ YOU WILL BE CONTACTED BY FAX OR PHONE ONCE APPT IS SCHEDULED ★★**

**Referring Physician Information**

Date: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Referred by: \_\_\_\_\_ NPI: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Parent's Name (if patient is under18): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Referral Needed? \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Referral Needed? \_\_\_\_\_

Primary Care Physician (if different from referring Physician): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**UT Rheumatology Only**

Pt to see: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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