



Department of Internal Medicine
Division of Rheumatology
1500 E. Medical Center Drive
Ann Arbor, MI 48109-5358

M-LINE: 1-800-962-3555
Clinic: 734-647-5900
Fax: 734-936-8067

REQUEST FOR CONSULTATION

PLEASE COMPLETE FORM AND FAX TO 734-936-8067. Missing information may delay the referral process.

Today's Date: Contact Name & Number:

Section 1: Patient Information

UM Registration #: (Internal use only)

Patient Name: (PLEASE PRINT)

Address: City/State/Zip:

Date of Birth: Sex: F M Social Security

Telephone #s: (home) (work)

Patient's Insurance (REQUIRED): If referral authorization is required, please fax it to 734-936-8067.

M-CARE BCN BCBS Medicaid Other HMO POS PPO

Section 2: Physician Information (REQUIRED)

Referring Physician's Name: UPIN #

Address: City/State/Zip:

Telephone #: Fax #:

Primary Care Physician's Name: UPIN #

Address: City/State/Zip:

Telephone #: Fax #:

Section 3: Patient History Information (REQUIRED)

Diagnosis:

Rule Out:

To avoid duplication of tests, please list relevant studies and date completed: Fax reports if not performed at U of M

- X-Ray (list type) Date: Location:
MRI (list type) Date: Location:
Other (list) Date: Location:

Please give a brief description of patient's medical history:

For UMHS Use Only: UMHS Rheumatology Physician Recommendation

- Emergent - Refer to consult team
Urgent - Schedule within weeks
Non-urgent - Schedule within months
Schedule with Dr.
Schedule in clinic

Comments:



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Dear Colleague:

Thank you for referring your patient to the University of Michigan Health System'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. To expedite the referral process, we would appreciate your assistance in completing the attached referral request form and providing us with the following information:

- **Office Notes:** Including current blood work and doctor notes that relate to the rheumatologic diagnosis. (Written or dictated notes are essential.)
- **Diagnostic Reports** (All films should be hand carried by the patient to their clinic appointment.)
- If the patient has a managed care insurance provider, a referral is **required before** an appointment can be scheduled. For insurance that requires a referral or authorization from the primary care physician, please fax the referral to our document control center at 734-936-8067.

The information listed above is required before an appointment can be scheduled. As soon as we receive this information, our office will review the medical documentation to determine the appropriate clinic for scheduling. The process may take between 5-10 working days. If we do not receive completed information, it may delay the referral process or scheduling of the appointment.

Once the appointment has been scheduled, we will mail an appointment notice to the patient.

Again, we greatly appreciate your confidence in referring your patient to our service.

Cordially,

David A. Fox, M.D.
Professor and Division Chief, Rheumatology
