



UNC Hospitals Rheumatology Specialty Clinic
 Eastowne Medical Office Building
 100 Eastowne Drive, Chapel Hill, NC 27514
 Phone: (984) 974-4191
 Fax (984) 974-0003

RHEUMATOLOGY NEW PATIENT REFERRAL/CONSULTATION

Thank you for your referral.

Please complete this entire form and attach copies of prior pertinent clinic notes, 6-12 months of labs, imaging results, discharge summaries, medications, and a copy of current insurance card before faxing.

We gather all records prior to contacting the patient to schedule an appointment; please be as complete as possible with referral information so your patient can be appropriately triaged and scheduled in a timely manner.

We kindly request that all patients have a primary care provider who will co-manage routine patient care.

Patient Information:

Last Name: _____

First Name: _____ Middle Initial: _____

Birth Date: _____ Gender: _____

Preferred Phone #: _____ Alternative Phone #: _____

Email Address: _____

Diagnosis/Reason for Referral: _____

Is this for a second opinion? Yes (*If so, please include prior Rheumatology notes*) No

Referring Provider: _____

Office Phone: _____ Office Fax: _____

Primary Care Provider (*if different from above*): _____

Office Phone: _____ Office Fax: _____

Please fax this completed form, requested records, and supportive data to (984) 974-0003

Please note, we do NOT usually see the following conditions, if isolated without suspicion of a rheumatologic problem:

- Fibromyalgia
- Ehlers-Danlos/Hypermobility Syndrome
- Mechanical Back Pain
- Chronic Pain
- Chronic Fatigue
- Chronic Lyme Disease