

Patient Name:
DOB:
MRN:

Rheumatology Clinic, 3001 Broadmoor Blvd. NE, Rio Rancho, NM 87144
Scheduling: (505) 994-7397 **Fax:** (505) 994-7495

External Referral / Consult Request Form

Instruction: The following information will be required for review of your referral. Please submit complete packet to the fax number above and allow up to 8 days for review.

Patient Demographics & Insurance Information
- Include patient name, address, best contact number, insurance name & policy number

Contact information for PCP and referring physician
- Include address, phone and fax number

Consult Request / Referral / PA if required by Insurance
- What condition or problem are you referring the patient for? (no non-rheumatoid arthritis)

Recent Clinic/Progress Notes
- Last visit, including what treatments have been done for the condition or problem

Recent Diagnostic Reports (up to 3 months)

Current Medication List

Urgent consultation via phone. Please call (888) UNM-PALS to discuss this referral.

Patient Appointment Status For SRMC Clinic Use Only

Appointment has been made with Dr. _____ on _____ at _____ am/pm

Not able to schedule appointment due to:

___ Incomplete information for referral review

Comments:

___ Patient declined appointment

___ Recommend appointment with the following specialty _____.

We have forwarded your referral to the above at: _____

Clinical Reviewer Signature: _____