



Cook Children's Pediatric Rheumatology

1300 W. Lancaster, Ste. 204
Fort Worth, TX 76102

682-885-1202 phone
855-241-1202 toll-free

Rheumatology referral form

Date _____

Patient name _____ DOB _____

Address _____

Guardian name _____

Contact numbers work _____ home _____ mobile _____

Referring physician _____ phone _____ fax _____

Primary insurance name _____ ☐ HMO ☐ PPO ☐ POS

Other _____

Authorization number _____

Have the following tests been performed?

(please circle)

X-ray	Yes	No	where _____
CT/MRI	Yes	No	where _____
Bone scan	Yes	No	where _____
CBC differential	Yes	No	where _____
CRP	Yes	No	where _____
ANA	Yes	No	where _____
UA Micro	Yes	No	where _____
CMP	Yes	No	where _____
HLA B 27	Yes	No	where _____
RF	Yes	No	where _____

Nature of symptoms:

(please circle)

Difficulty sleeping	Limbs/unable to walk
Fatigue	Mouth sores/perineal ulcers
Fever	Morning stiffness/stiffness after sleep
Fingers/toes change color (e.g., Raynaud's)	Rash
Frequent falls	Recent hospitalization
Joint pain	Weakness
Joint swelling	Weight loss
Other _____	

Reason for referral:

(please circle)

Arthritis Lupus Fever Vasculitis Other _____

09/11

Physician signature _____

Please fax this form, plus a copy of the patient's insurance card, any records and copies of diagnostic study results to 682-885-1204.