

Humboldt County Referral Form – Specialty Guidelines

St. Joseph Health-Rheumatology

- Please ask your patient to contact us within 7-10 business days after sending the referral, to schedule the appointment.
- Reason for referral must be clearly indicated.
- Fax referral to 707-443-4006
- Please indicate if patient has been treated by another Rheumatologist.
- Every referral requires: Current medication list, all medications tried and failed for specific diagnosis, current allergy list, current legible insurance, current demographics, last progress note, social history, family history.

Reason for Referral (Clinical Question)	For all ailments listed below; please provide blood test results in the past 6 months, any tissue biopsies and any reports for MRI, CT, X-Ray and DEXA for our review.	
Ankylosing Spondylitis		
Antiphospholipid antibody syndrome		
Arthritis with inflammatory bowel disease		
Gout		
Joint or muscle disorders		
Lyme Disease		
Osteoarthritis		
Osteoporosis		
Poly and dermatomyositis		
Polymyalgia Rheumatica		
Pseudo gout/ CPPD		
Psoriatic Arthritis		
Raynaud’s Phenomenon		
Reactive Arthritis		
Scleroderma		
Sjogren’s syndrome		

Humboldt County Referral Form – Specialty Guidelines

Reason for Referral (Clinical Question)	For all ailments listed below; please provide lab work results in the past 6 months, any tissue biopsies and any reports for MRI, CT, X-Ray and DEXA for our review.	
Systemic lupus erythematosus		
Temporal Arteritis		
Undifferentiated connective tissue disease		
Vasculitis		
Viral Arthritis		