Rheumatology Associates, PLLC

Rheumatology Associates, PLLC Consultation Request

Dr. Gary Crump Dr. Janet Leon Dr. Jacquelyn Smith Dr. J.B. Boone
Robin Hiser, APRN Ashley Maier, APRN Lindsay Strattard, APRN

Consultation instructions:
Mail or fax referral form along with all lab results and other supporting documentation to:
Rheumatology Associates, PLLC
3430 Newburg Rd., Ste. 250
Louisville, KY 40218
Fax: (502) 456-0669

Questions, please contact the intake coordinator at (502) 893-3963 ext. 1126

Please allow 7 to 10 business days for us to contact your patient.

Patient Information

Last Name _____ First Name _____ Middle Initial _____

Date of Birth (month/day/year) _____

Address _____

Social Security Number _____

City _____ State _____ Zip _____

Sex Male Female

Home Phone Number (____) _____

Date of referral _____

Work Phone Number (____) _____

We do not accept: self pay, Medicare only, Medicaid, Passport, Tricare Prime or Medicare Replacement plans.

Cell Phone Number (____) _____

Policy Holder Name _____ Group # _____ ID # _____ Policy Holder DOB _____

Primary Language: English Spanish Other _____

Referring Provider Information

Referring physician name _____ Title (MD, DO) _____

Phone Number _____

Address _____

Fax Number _____

City _____ State _____

Zip Code _____

Contact Name _____

How would you like us to communicate with you? Phone Fax

DX: _____

Send any and all information to support diagnosis, ie: labs, x-rays, office notes, MRI - <u>reports only</u>.
Insurance cards **<u>must</u>** be received or no appointment will be scheduled. Has patient seen a Rheumatologist (local or out-of-state)? If so, our office **<u>must</u>** receive a copy of his/her medical records. This information is very important for our doctors to review so they can help diagnose the patient.