Please fax completed form and pertinent records to PMC Rheumatology at
910-255-0060

PATIENT INFORMATION

LAST NAME:	FIRST NAME:		MIDDLE NAME:
PRIMARY PHONE:	ALTERNATE PHONE:	SEX: F☐ M☐	BIRTH DATE:
RACE:	STREET ADDRESS:		
CITY:	STATE:	ZIP:	

CHECK SYMPTOM(S) / PHYSICAL EXAM FINDINGS

☐ Joint Swelling ☐ Joint Stiffness ☐ Joint Tenderness/Pain ☐ Morning Stiffness >1 hr ☐ Joint(s) Involved: ____________ ☐ Duration of Sx: ______ ____________	☐ Skin Rashes ☐ Alopecia ☐ Mucosal Ulcers ☐ Raynaud's ☐ H/O Serositis ☐ Thrombotic ☐ Events ☐ Miscarriages ☐ Proteinuria Hematuria	☐ Skin Ulcers ☐ Uveitis / ☐ Scleritis ☐ Hearing Loss ☐ Hemoptysis ☐ Foot Drop ☐ Chronic Cough ☐ Dry Eyes Dry Mouth	☐ Muscle Weakness ☐ Dysphagia ☐ Shortness of Breath ☐ Paresthesia ☐ Numbness ☐ Fatigue ☐ Fever ☐ Weight Loss ☐ Abnormal Sleep	☐ Positive Serology ____________ ☐ Abnormal Labs ____________ ☐ Chronic Pain ☐ EDS/Hypermobility ☐ Fibromyalgia ☐ Chronic Back Pain ☐ Other: ____________

LIST PREVIOUSLY EXISTING RHEUMATOLOGIC DIAGNOSIS IF APPLICABLE:

____

SPECIFIC QUESTION(S) TO BE ADDRESSED:

____

____

Is this for a second opinion? ☐ **Yes** ☐ **No**

REFERRING PHYSICIAN INFORMATION		
PHYSICIANS NAME:		
PRACTICE NAME:		
STREET ADDRESS:	**CITY, STATE, ZIP**	
PHONE:	**FAX:**	**EMAIL ADDRESS:**

INSURANCE POLICY HOLDER INFORMATION ***(PLEASE ALSO ENCLOSE COPY OF INSURANCE CARD)***			
POLICY HOLDER'S RELATIONSHIP TO PATIENT: ☐SELF ☐PARENT ☐SPOUSE ☐CHILD ☐OTHER	LAST NAME:		FIRST NAME:
SEX: F☐ M☐	BIRTH DATE:		PRIMARY PHONE:
PRIMARY INSURANCE CARRIER:	POLICY #:	GROUP #:	EFFECTIVE DATE:
SECONDARY INSURANCE CARRIER:	POLICY #:	GROUP #:	EFFECTIVE DATE:

Additional information on the following page.

NOTES:

- Thank you for referring your patient to Pinehurst Medical Clinic (PMC) Rheumatology Department. We kindly request that you be as complete as possible with referral information so your patient can be appropriately triaged and scheduled in a timely manner. Pertinent records may include: office notes, relevant labs, imaging, and discharge summaries.

- The PMC Rheumatology Department kindly requests that all patients have a primary care provider who will co-manage patients with the PMC Rheumatology clinic providers.

- Primary Fibromyalgia, Ehlers-Danlos/Hypermobility syndrome, and Mechanical Back Pain patients may be offered a one-time consultation with detailed recommendations subject to space availability. Patients will follow-up with referring provider for future appointments.

- The PMC Rheumatology Department will not manage chronic pain / chronic lower back pain conditions with long-term narcotic medications.

- The PMC Rheumatology Department does not accept Medicaid at this time. Please visit www.pinehurstmedical.com for a full list of accepted insurances.