Mon Health Rheumatology Referrals

To expedite care and personalize the first visit for new patients or patients with new problems for telemedicine visits in the Rheumatology office, some additional information is required prior to the referral appointment being scheduled. Please be aware that a lack of required information may delay patient scheduling.

Telemedicine Requirements

1. Reason for referral (diagnosis, condition, symptoms)
2. Patient information/insurance cards/contact information
3. Recent History and Physical Exam Results

Telemedicine Referral Reason	Specific Labs Needed		Imaging Needed/Other Testing		Other
	Required	**If Applicable**	**Required**	**If Applicable**	**Required**
Gout	Uric Acid				Will require in person follow up visit
Osteoporosis & Osteopenia			Dexa Scan		
Seropositive Rheumatoid Arthritis	+ Rheumatoid Factor or + Anti-CCP				Will require in person follow up visit
Psoriatic Arthritis					Will require in person follow up visit
Any other Diagnosis	Not appropriate for Rheumatology telemedicine visit and will need to be seen in person				

Patient Referral Form for Rheumatology Telehealth Site

Fax the following records with this form to obtain an appointment:

[ ] Pathology Reports
[ ] Imaging (US, MRI, CT, PET, Echocardiogram, Cardiac Stress Test)
[ ] Lab Results
[ ] List of Current Medications
[ ] Last Office Note
[ ] **Copy of Current Insurance Card -- REQUIRED**

[ ] Medically Urgent

[ ] Routine

[ ] Pre-Op Evaluation

PATIENT INFORMATION:

First_____ MI_____ Last Name_____

DOB:_____/_____/_____ SS# _____-_____-_____

Home Phone: (_____)-_____-_____ Cellphone: (_____)-_____-_____

Address:_____

City_____ State_____ Zip_____

REFERRING PHYSICIAN INFORMATION:

Physician Name:_____

Name of person faxing information:_____

Office Fax:_____Office Phone:_____

Reason for Visit/Symptoms:_____

_____

Requested Physician _____First Available _____

OFFICE USE ONLY

Patient has Appointment with:

Dr.:_____

_____

on_____

at   **PARS Healthcare
1212 Garfield Ave., Suite 202
Parkersburg, WV 26101**

Fax this form and the required information to **Mon Health Rheumatology** in Morgantown at (304) 598-7297.

Remind the patient to expect a phone call from Mon Health for scheduling. At the time of the appointment, the patient will report to **PARS Healthcare office located at 1212 Garfield Ave., Suite 202, Parkersburg, WV** to be connected with the Rheumatologist.

Rheumatology Telehealth Site visits at PARS Healthcare are coordinated through Mon Health Rheumatology in Morgantown. If the appointment needs cancelled or rescheduled, the patient should contact Mon Health Rheumatology in Morgantown by calling (304) 598-7296.