

Yale University School of Medicine
Department of Internal Medicine
Section of Rheumatology
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- URGENT
- SEMI URGENT
- ROUTINE



NEW PATIENT INFORMATION SHEET

Patient Information

Name: (Last) _____ (First) _____ (MI) _____
Date of Birth: _____ Sex: M F MR# _____
Address: (street) _____
City, State, Zip _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Referring Physician Information

Referring Physician: _____
Address: _____
City, State, Zip _____
Phone: _____ FAX: _____

Primary Physician Information

Primary Care Provider (PCP): _____
Address: _____
City, State, Zip _____
Phone: _____ FAX: _____

Primary Insurance Information

Insurance Co. Name: _____
Patient Insurance ID Number: _____

Reason for Consultation

The section receives many more referrals than can be seen each month so a priority is given to patients with inflammatory conditions. Patients with elevated inflammatory markers and/or positive serologies for RA, lupus, vasculitis, and scleroderma receive first priority. Laboratory tests such as rheumatoid factor and anti CCP for RA, ANA and other lupus serologies such as anti RNP, anti DSDNA, anti SSA and SSB help us to assess the urgency of the referral. In addition to faxed office notes, a short note from the referring provider about the reason for referral is very helpful. Fax number 203-785-7053.