

Carolina Arthritis Center

2355 Hemby Lane
Greenville, NC 27834

PHONE: 252-321-8474 FAX: 252-695-6177

REFERRAL FORM

Please provide the following information for our office to schedule an appointment: **NOTES, XRAYS, LABWORK AND A COPY OF THE INSURANCE CARD (front and back)** to 252-695-6177. Our office will contact the patient and your office with the appointment date and time. We require all this information be faxed prior to patient being scheduled for an appointment.

PATIENT NAME: _____ DOB: _____

PATIENT SSN: _____ - _____ - _____

MAILING ADDRESS: _____

HOME PHONE: _____ WORK OR CELL PHONE: _____

PRIMARY INS: _____ 2ND INS: _____

PRIMARY CARE PHYSICIAN: _____

DIAGNOSIS FOR PT: _____

REFERRING PHYSICIAN: _____

PRACTICE NAME: _____ NPI #: _____

CONTACT PERSON: _____

OFFICE PHONE: _____ FAX NUMBER: _____

Has the patient been to an emergency room recently? YES or NO (**IF YES, WE NEED A COPY OF RECORDS**)

If yes, which hospital _____

Has the patient had any labs or imaging done? YES or NO (**IF YES, WE NEED A COPY OF RECORDS**)

If yes, what was done _____

Has the patient ever seen a Rheumatologist before? YES or NO

If yes, who _____

Is this patient in a Skilled Nursing Facility? YES or NO

If yes, what facility? _____

Has the patient ever been to a pain clinic before? YES or NO (**IF YES, WE NNEED A COPY OF RECORDS**)

If yes, what for? _____

OUR OFFICE DOES **NOT** ACCEPT THE FOLLOWING PATIENTS:

MEDICAID (PRIMARY OR SECONDARY), CHAMP VA AS PRIMARY, TRICARE AS PRIMARY,
HUMANA/BLUE MEDICARE, MEDICARE ADVANTAGE PLANS, SELF PAY,
OPEN WORKER'S COMPENSATION, MVA, OPEN DISABILITY CASES OR
VOCATIONAL REHAB CASES

OUR PHYSICIANS WILL NOT ASSUME PRESCRIBING NARCOTICS FOR CHRONIC PAIN PATIENTS