

Rheumatology Clinic Referral for Joint Pain Assessment

Date: [Insert Date]

To: [Rheumatology Clinic Name]

Address: [Clinic Address]

Patient Information:

Name: [Patient's Name]

Date of Birth: [Patient's DOB]

Insurance Information: [Insurance Details]

Reason for Referral:

I am referring [Patient's Name] for a comprehensive evaluation of their joint pain. The patient has been experiencing symptoms including:

- Joint swelling
- Pain during movement
- Stiffness, especially in the morning

Medical History:

[Brief summary of medical history related to Joint Pain]

Examinations & Tests Conducted:

[Summary of any relevant examinations and test results]

Medications:

[List of current medications]

Additional Notes:

[Any additional information that may be helpful for assessment]

Please feel free to contact me at [Your Phone Number] or [Your Email] if you need any further information.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic Name]

[Your Clinic Address]