Date: [Insert Date]

To: [Recipient Physician Name/Department]
From: [Your Name/Clinic Name]
Subject: Consultation Request: Pregnancy Management with Autoimmune Disorder

Patient Name: [Patient Full Name]
Date of Birth: [Patient DOB]
Gestational Age: [Number] Weeks
Diagnosis: [Specific Autoimmune Condition, e.g., SLE, Rheumatoid Arthritis, APS]

Dear Dr. [Recipient Last Name],

I am referring the above-mentioned patient for a specialized consultation regarding her pregnancy and concurrent autoimmune disorder. My primary objectives for this consultation are:

- Review of current disease activity and stability.
- Assessment of current medication safety (e.g., [List Medications]).
- Development of a collaborative monitoring plan for maternal and fetal well-being.
- Risk assessment for potential flares or complications during the peripartum period.

Current Clinical Status:
[Briefly describe symptoms, recent lab results, and any pregnancy-specific concerns].

Current Medications:
[List medication names and dosages].

Please provide your recommendations regarding adjustments to her treatment regimen and the frequency of follow-up required from your specialty.

Thank you for your assistance in the care of this patient. I look forward to your consultation report.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Contact Information]