

Date: [Date]

To: [Referring Physician Name]

Clinic: [Referring Clinic Name]

Address: [Referring Address]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Consultation: [Consult Date]

Subject: Rheumatology Consultation Summary

Reason for Referral:

[Insert reason, e.g., Evaluation of positive ANA, joint pain, suspected Systemic Lupus Erythematosus]

Clinical History:

[Summary of patient symptoms, duration of illness, and relevant family history]

Physical Examination Findings:

[Details regarding joint swelling, tenderness, skin rashes, or extra-articular manifestations]

Diagnostic Test Results:

- **Serology:** [ANA, RF, CCP, dsDNA, ENA Panel results]
- **Inflammatory Markers:** [ESR, CRP]
- **Imaging:** [X-ray, Ultrasound, or MRI findings]
- **Other:** [CBC, Metabolic Panel, Urinalysis]

Impression / Assessment:

[Primary diagnosis or differential diagnosis, e.g., Rheumatoid Arthritis, Sjogren's Syndrome, Undifferentiated CTD]

Plan and Recommendations:

1. **Medication:** [Dose and frequency of DMARDs, steroids, or NSAIDs]
2. **Further Testing:** [Pending labs or specialty referrals]
3. **Follow-up:** [Scheduled return visit date]
4. **Patient Education:** [Summary of counseling provided regarding disease and treatment]

Thank you for the opportunity to participate in the care of this patient.

Sincerely,

[Doctor Signature]

[Doctor Name, MD/DO]

Department of Rheumatology

[Phone Number]