

**Date:** [Date]

**Patient Name:** [Patient Name]

**Date of Birth:** [DOB]

**Patient ID:** [ID Number]

**To:** [Referring Physician Name]

**Subject:** Rheumatology Consultation Discharge Summary

**Reason for Consultation:**

[Insert symptoms/reason for referral, e.g., joint pain, positive ANA, suspected systemic lupus erythematosus]

**Clinical Assessment:**

[Summary of physical findings and history]

**Diagnostic Test Results:**

- **Laboratory:** [ESR, CRP, RF, CCP, ANA Profile, etc.]
- **Imaging:** [X-ray, Ultrasound, or MRI results]

**Diagnosis:**

[Confirmed diagnosis or "No evidence of systemic autoimmune rheumatic disease"]

**Management and Treatment Plan:**

- **Medications:** [Drug name, dosage, and frequency]
- **Patient Education:** [Information provided regarding disease and lifestyle]

**Discharge Status and Follow-up:**

The patient is being discharged from the Rheumatology clinic back to your care. [Insert follow-up instructions or criteria for re-referral].

Sincerely,

[Doctor Name]

[Title]

[Department of Rheumatology]