



Rhode Island Hospital
A Lifespan Partner

Rhode Island Hospital
593 Eddy Street
Ambulatory Patient Center (APC) 5th Floor
Providence, RI 02903 Phone 401-444-5280 Fax: 401-4480
<http://www.lifespan.org/rih/services/ambulatory/>

LYME DISEASE CLINIC

MR#

Session Times: Tuesday Afternoons

Patient's Name:	Date of Referral:
Address:	Referring Physician:
DOB: _____ Sex: _____	Address: _____
SS#: _____	_____
Interpreter Required Y N Language _____	_____
Phone: _____	Phone: _____
Insurance: _____	Fax: _____

PLEASE REVIEW THE FOLLOWING GUIDELINES AND INCLUDE THE REQUIRED INFORMATION WITH THE REFERRAL. *Please note that when required all blood-test results must accompany the referral. Patients with no insurance, in need of plain x-ray, may proceed to the Rhode Island Hospital (RIH) radiology department with an appropriate order from the referring clinician. US, CT, MRI must first be scheduled by the referring clinician and the patient must call 444-7850 to speak to a Patient Financial Services (PFS) advocate if they choose to seek financial assistance from RIH. Thank-you!*

GUIDELINES:	Please follow the guideline below to facilitate patient care.
All REFERRALS:	Include pt's last PE, progress note for visit that generated referral, current med list, & pertinent labs.
Acute and Chronic Lyme disease and other tick-bourne illnesses such as ehrlichiosis and babesiosis will be treated.	Please include progress note and latest labs with this referral. <ul style="list-style-type: none"> • Lyme Serology (REQUIRED) with Western Blot results • Babsesia and/or Ehrlichiosis Serology, if available. • Pertinent Neurology or Rheumatology evaluation

Reason for Referral:

Signature: _____ Print Name: _____

Clinic Use Only: Date Received: _____ Coordinator Initials: _____
Appointment Given _____ Patient Notified: _____

Triage Comments:

Signature: _____ Print Name: _____