

Arthritis Associates of Kingsport, PLLC
Three Sheridan Square | Kingsport, TN 37660
Phone: 423-392-6840 | Fax: 423-392-6845

New Patient Referral/Intake Form

***We understand the importance of being able to see patients who might have a legitimate inflammatory disease in which may require prompt attention, therefore we must receive the following before referral will be considered: Rheumatoid Factor (86430), Sed Rate (85651), ANA with IFA (86038), CCP (86200) and CRP (86140), last 3 office notes, demographic sheet, insurance card (front & back) and completed referral intake form.**

Please circle one: Dr. Morris Dr. Abril

Patient name: _____ DOB: _____

Address: _____

City, State, Zip: _____ Phone: _____

SSN: _____ Patient Insurance: _____

Insurance ID: _____ Group #: _____

Reason for Referral: _____ PCP: _____

Referring Physician: _____ Phone: _____

Contact Person: _____ Fax: _____

Has another Rheumatologist seen patient? _____

If yes, please tell us Rheumatologist name and enclose records: _____

The appointment will be faxed to the number provided by your Office. We will mail appointment information and new patient packet to the patient.