The Miriam Hospital
*Lifespan. Delivering health with care.®*

| RISE TB Clinic Referral: Please call for an appointment BEFORE faxing this referral. | |
|---|---|
| **Miriam Hospital: The RISE Clinic**<br>**14 Third Street**<br>**Providence, RI 029906**<br>**(401) 793-2427; (401) 793-2266 (fax)** | **Date of appt.:_____ Time:_____**<br>**Referring provider:_____**<br>**Address:_____**<br>**Phone:_____**<br>**Fax:_____** |

## Demographics

| | |
|---|---|
| **Last name** | **Insurance information** |
| **First name** | **Coverage** |
| **Address**<br>**Street**<br>**City**<br>**State Zip** | **Policy #**<br>**PCP name**<br>**PCP telephone** |
| | **Primary language:**<br>**□ English □ Spanish □ Other:** |
| **Phone 1:** | **DOB** |
| **Phone 2:** | **Sex □ Male □ Female** |

## Clinical Information

| | |
|---|---|
| **PPD skin tests (list all available results)**<br>**PPD(1) Date planted: Date read:**<br>**Results: mm induration** | **Appointments are prioritized based on TB risk factors. Completion of this section enables prioritization:**<br>**□ Diabetes**<br>**□ Chronic renal failure**<br>**□ Cancer (on treatment)**<br>**□ Immunosuppressive disease**<br>**□ Steroid therapy (>20mg/day prednisone for >30 days)**<br>**□ Taking or candidate for TNF-inhibitor**<br>**□ Active substance abuse**<br>**□ Documented PPD converter within last 2 years**<br>**□ Other:**<br>**□ None of the above** |
| **PPD(2) Date planted: Date read:**<br>**Results: mm induration** | |
| **History of BCG? (circle one) Yes No** | |
| **Does patient have a history of hepatitis?**<br>**□ No**<br>**□ Yes: Please fax all available hepatitis and LFT results.** | |
| **Chest X-ray**<br>**□ Not done**<br>**□ Done, report included (Fax to RISE with referral)**<br>**□ Done, report not included**<br>**CXR date: CXR location:**<br>**Referring provider must speak with RISE provider if CXR is abnormal and patient is suspected of having active TB.** | **Pregnant: □ No □ Yes, due date:** |
| | **HIV:**<br>**□ Not done**<br>**□ Done, report included (Fax to RISE with referral)** |
| | **Referring Provider Comments:** |

## RISE Provider Feedback:

*July 2014*