

# Infusion Referral Form

Circle one:    New Referral    Drug Change

## Patient Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Insurance: \_\_\_\_\_

Patient Demographics (copy of insurance card if available)

## Orders

Medication and # of vials: \_\_\_\_\_

Diagnosis from progress note: \_\_\_\_\_

## Medical History

Copy of last 3 medical records documenting medical necessity of the prescribing drug, and/or copy of referring doctor's notes (dates):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Labs: (Recommended labs listed per DX) –  
Dates of included labs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Conditions We Treat:

- Juvenile idiopathic arthritis (JIA)
- RF-negative polyarticular
- Enthesitis-related arthritis (ERA)
- Oligoarticular
- Psoriatic
- Systemic
- RF+ polyarticular
- Ankylosing Spondylitis
- Uveitis associated with Juvenile Arthritis
- Systemic lupus erythematosus (SLE or lupus)
- Inflammatory bowel disease-associated arthritis (enteropathic arthritis)
- Juvenile dermatomyositis or polymyositis
- Idiopathic uveitis
- Sjogren syndrome
- Mixed connective tissue disease (MCTD)
- Henoch-Schonlein purpura
- Sarcoidosis
- Chronic recurrent multifocal osteomyelitis
- Multiple Sclerosis (MS)
- Neuromyelitis Optica (NMO)
- Opsoclonus myoclonus
- Autoimmune encephalitis
- Chronic inflammatory demyelinating polyneuropathy (CIDP)
- Myasthenia gravis

Central Austin Clinic and Infusion Center  
7940 Shoal Creek Blvd., Suite 100 | Austin, TX 78757

South Austin Clinic and Infusion Center  
5301 Davis Lane, Suite 200A | Austin, TX 78749

(512) 494-4000



Child Neurology  
Consultants of Austin