

"RULE OF THUMB" REFERRAL GUIDELINES

We Care Physician Referral Network

Volunteer physicians in the We Care Network require certain information as justification for specialty consultations. The following guidelines have been discussed with representatives from each specialty. Please forward the appropriate tests, reports, etc. **with** your referral request.

The following specialties require this information **before** consideration of a referral. Other studies may be necessary or appropriate depending on the reason for referral. Records from previous medical intervention are also helpful.

All specialty referral requests should include a **full physical examination** completed within the last 12 months.

Cardiology: CXR within 90 days, EKG, CBC, SMAC 25, & lipid profile within 60 days, previous medical hx, current symptoms.

Dermatology: punch biopsy as appropriate for lesions.

Endocrinology: thyroid profile, thyroid ultrasound,

Gastroenterology: depending on patient's complaints, an upper or lower GI, barium enema, barium swallow, etc. should be considered. Full physical within 6 months.

General surgery: referrals for breast evaluations must include mammogram and ultrasound reports. Referrals for consideration of cholelithiasis require an abdominal ultrasound.

*All surgery referrals should consider VDRL, hepatitis, and HIV testing if patient is at risk. A full physical examination within the last 3 months is helpful.

Gynecology: pelvic examination, Pap smear, syphilis serology, gonococcus & chlamydia culture, all within 30 days. Other diagnostic tools, such as abdominal or transvaginal ultrasound, should be considered based on symptomology.

Infectious disease: CBC with differential, SED rate, CHEM 25 and CXR.

Nephrology: 24-hour urine, creatine with clearance, urinalysis with micro, urine protein, CBC, renal profile or CHEM 25, SED rate and ANA.

Neurology: medical justification for referral. Medical hx. Diagnostic reports, if any.

Neurosurgery: radiographs of problem area. Other studies as requested.

Ophthalmology: the Network **does not** have any funds for the purchase of prescription lenses. We do not accept referrals for decreased visual acuity. An example of appropriate referrals would be to rule out diabetic retinopathy, evaluate cataracts, floaters, etc.

Otorhinolaryngology: medical justification with appropriate diagnostics.

Orthopedics: radiograph of problem area. VDRL, hepatitis, and HIV testing should be considered if the patient is at risk. Full physical exam with 6 months.

Plastic surgery: referrals must be for medically necessary procedures. Cosmetic surgery requests cannot be accepted.

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Referral Guidelines Continued:

Psychiatry: current medication list, problem list, last three office visit notes, routine labs if available, previous mental health records as available.

Pulmonary disease: Complete medical hx. Full physical exam within 6 months and CXR within 30 days. Clients with tobacco abuse should be enrolled in a smoking cessation program.

Rheumatology: 3 profiles available (select as appropriate depending on complaint)

Rheumatoid Profile one: SED rate, uric acid, ANA, RHE screening, CRP, alkaline phosphatase

Rheumatoid Profile two: calcium, phosphorus, RHE screening, alkaline phosphatase, bun, uric acid, and streptizine

Rheumatoid Profile three: ANA, uric acid, RHE screening.

Urology: urinalysis, IVP, and/or renal ultrasound for persistent hematuria. Referrals involving prostate should have psa within 30 days. Routine circumcision is elective surgery and is not appropriate to We Care. Referral for the evaluation of varicoceles will be accepted only if the patient is impaired. Full physical exam within 6 months.

Vascular disease: complete physical within six months, vascular studies as appropriate.

Professional medical judgement and expertise can over ride any of the above guidelines.

Referrals containing insufficient information will be returned.

Please contact Tony Campo at (352) 334-7923 if you have any questions.