

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

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Child Neurology
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