

RISE TB Clinic Referral: Please call for an appointment BEFORE faxing this referral.	
Miriam Hospital: The RISE Clinic 14 Third Street	Date of appt.: Time:
	Referring provider:
D. 11 D. 100000	Address:
(401) 793-2427; (401) 793-2266 (fax)	Phone:
	Fax:
Domographics	
Demographics Last name	Insurance information
	msurance mormation
First name	Coverage
Address	Policy #
Street	PCP name
	PCP telephone
City	
	Primary language: □ English □ Spanish □ Other:
	DOB
Phone 2:	Sex
Clinical Information	
PPD skin tests (list all available results)	Appointments are prioritized based on TB risk factors.
	Completion of this section enables prioritization:
PPD(1) Date planted: Date read:	□ Dia betes
Results: mm induration	□ Chronic renal failure
PPD(2) Date planted: Date read:	Cancer (on treatment)
	☐ Immunosuppressive disease ☐ Steroid therapy (>20 mg/day prednisone for >30 days)
Results: mm induration	□ Taking or candidate for TNF-inhibitor
History of BCG? (circle one) Yes No	□ Active substance abuse
Does patient have a history of hepatitis?	□ Documented PPD converter within last 2 years
□ No	□ Other:
☐ Yes: Please fax all available hepatitis and LFT results.	□ None of the above
Chest X-ray	Pregnant: □ No □ Yes, due date:
□ Not done	Tregnant.
□ Done, report included (Fax to RISE with referral)	HIV:
□ Done, report not included	□ Not done
CXR date: CXR location:	□ Done, report included (Fax to RISE with referral)
Referring provider must speak with RISE provider if CXR is abnormal and patient is suspected of having	Referring Provider Comments:

RISE Provider Feedback: