RA	Referral Guide: Page 1 of	Rheum
Diagnosis/Definition:	Tage Tol	
Polyarthritis affecting symmetrical small and large joints lasting greater than three months		
Initial Diagnosis and Management:		
H and P		
Labs and Xrays as mentioned below		
Remember Hep C is a frequent mimicker of RA and is a cause for a positive RF. A positive RF does not always mean RA.		
Ongoing Management and Objectives:		
ongoing managonion and objectives.		
Indications for Specialty Care Referral: If RA is suspected pt should be referred ASAP		
II TA is suspected by should be referred ADAI		
Test(s) to Prepare for Consult:		t(s) Consultant May Need To Do:
CBC, Chem panel, ESR, RF, ANA, Anti CCP		
Antibody, Hep C, UA Hand and foot xrays	Mar	nagement
Tranta and root xrays		
Criteria for Return to Primary Care: If RA is diagnosing Rheum will be involved in ongoing management		
Revision History: Created Revised		
Nicolaiment Adespres to those guidelines will not never our confidence in our cituation. Further these guidelines should not be		

Disclaimer: Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.