



*A good consultation  
letter from a*

# RHEUMATOLOGIST

Rheumatologists provide a unique approach to the management of musculoskeletal diseases. A consultation letter is an important part of both patient care and the consultant's medical record. The most relevant part of this letter — the approach to investigation and management — is, in effect, a blueprint for the delivery of care by the primary care physician. The objective of the consultation letter from the rheumatologist to the referring physician is optimum care for the patient with rheumatologic disease.

## The following points should be taken into consideration when writing a rheumatologic consultation letter:

- It should directly address the reason(s) for referral;
- It should be sent in a timely manner after the visit;
- If urgent, a phone call should accompany the letter;
- It should be sent to the referring physician and, with patient consent, to others who participate in that patient's care;
- It should describe the patient's current and past health status; and
- It should outline the concerns described by the patient during history-taking.

It is not unusual for the patient's perception of the problems to differ from what is written in the referral letter. The patient often will augment the information provided in the referral, allowing a wider scope of understanding of the major issues. A detailed recounting of the history and physical examination is not required. The consultation letter should describe the patient's functional status — including all pertinent positive *and* negative findings — as it relates to the reason(s) for referral. The letter should describe the relevant general physical examination and the musculoskeletal system examination, including the degree of joint activity and the level of damaged or deformed joints. Many primary care physicians welcome the use of a homonculus in describing inflamed joints.

Referring physicians are most interested in the working diagnosis (with supporting arguments for this conclusion), the differential diagnoses, the approach to investigation and the management plan. If laboratory and imaging findings were provided with the referring letter, the consultant should review these and discuss their value and meaning. If tests and imaging studies are proposed, then the reasons these are suggested should be outlined.

The consultant should describe a plan of action, both in investigation and therapy. This allows the referring physician to be an active participant in the continuing care of the patient in question. It is important that the consultant be very explicit in outlining the roles that both referring physician and consultant should take in this plan of action.

Finally, the rheumatologic consultation letter is a narrative description of the status and the needs of the patient. With the advent of electronic patient records and time-saving "macros," caution should be taken to appreciate the unique aspect of that patient's situation and to respond to that individuality within the consultation letter.

## SUMMARY

### The rheumatology consultation letter:

- Responds to the reason(s) for referral with a succinct description of the current state of the patient and arrives at a working diagnosis
- Outlines a plan of action and the role of each member of the healthcare team in that plan of action
- Optimizes the care provided by the healthcare team