

Select your recommended location for services: **Montrose Clinic** **Mapleridge Clinic** **Baytown Clinic**

Patient's Name: _____ Date of Birth: _____

Preferred Language: _____ Phone No: _____

Insurance (select all that apply): **Medicaid** **Medicare** **CHIP** **Sliding Fee** **HMO/PPO Insurance Plan:** _____

Referring Provider: _____

Provider Number: _____ Date: _____

Notes Regarding Referral: _____

SELECT ISSUE FOR REFERRAL (PLEASE REVIEW REQUESTED LABS NEXT TO DIAGNOSES)	
ADRENAL DISORDERS	
<input type="checkbox"/> Addisons Disease (BMP) <input type="checkbox"/> Adrenal Insufficiency (BMP) <input type="checkbox"/> Adrenal Mass (BMP, add report of most recent Abdominal/Adrenal imaging)	<input type="checkbox"/> Adrenogenital (BMP) <input type="checkbox"/> Cushings: (BMP, 24 hour urine, cortisol and creatinine) <input type="checkbox"/> Hypoaldosteronism (BMP) <input type="checkbox"/> Mineralcorticoid Deficiency (BMP) <input type="checkbox"/> Pheochromocytoma (BMP, serum or urine metanephrines) <input type="checkbox"/> Primary Aldosteronism (BMP, renin, aldosterone)
DIABETES MELLITUS/ HYPOGLYCEMIA¹	
<input type="checkbox"/> Diabetes Mellitus (A1c, CMP, fasting lipids, microalbumin) <input type="checkbox"/> Hypoglycemia (Fasting BMP, C-Peptide, insulin level)	
¹Diabetes Mellitus/Hypoglycemia Notes: – Diabetics who are moderately well controlled A1c <8 will not be seen with the exception of: Brittle diabetics and those with recurrent hypoglycemia, those uncontrolled who are already on insulin or those on 3 or more non-insulin medications. – Will also see patients with insulin pumps, adolescents 17-21 transitioning to adult medicine, and pregnant females	
THYROID DISORDERS ²	
<input type="checkbox"/> Hyperthyroid: Graves, Hashimotos (CMP, CBC, TSH, FT4, Thyroid Antibodies -Thyroid stimulating immunoglobulin, TPO) <input type="checkbox"/> Hypothyroid (TSH, Free T4) <input type="checkbox"/> Multinodular Goiter (TSH, Free T4) <input type="checkbox"/> Thyroid Nodules/Mass (TSH, Free T4, US done within 6 months)	
²Thyroid Disorder Notes: Hyperthyroid with symptoms, hyperthyroid and hypothyroid during pregnancy needs to be seen urgently. Clinically unstable patients (tachycardia, experiencing chest pain and shortness of breath, mental status changes or other severe symptoms must be sent to Emergency Room.	
LIPID DISORDERS	
<input type="checkbox"/> Hypercholesterolemia (Fasting Lipids) - Patient must be statin intolerant or not controlled on max doses of a statin. <input type="checkbox"/> Hypertriglyceridemia (Fasting Lipids, Triglycerides must be >1000)	
PITUITARY DISORDERS³	
<input type="checkbox"/> Acromegaly (GH, IGF-1) <input type="checkbox"/> Cushings (BMP, 24 hour urine for cortisol and creatinine) <input type="checkbox"/> Diabetes Insipidus (BMP)	<input type="checkbox"/> Hyperprolactinemia <input type="checkbox"/> Hypopituitarism/ Panhypopit (TSH/Free T4, LH/FSH, Testosterone (Men), Estradiol (Women), Prolactin, IGF-1, GH, ACTH, Cortisol, BMP) <input type="checkbox"/> Pituitary Adenoma (ACTH, cortisol, FSH, LH, TSH, GH, IGF-1, Prolactin) <input type="checkbox"/> Prolactinoma (Prolactin, CMP) / Hyperprolactinemia
³Pituitary Notes: Testosterone, ACTH and Cortisol to be drawn at 8-9 AM for accuracy	
DISORDERS OF SEXUAL FUNCTION⁴	
<input type="checkbox"/> Fertility Disorder (BMP, Testosterone (Free and Total), DHEAs, TSH/FT4, prolactin, LH/FSH, (Labs all drawn in AM on days 1- 3 of menstrual cycle) <input type="checkbox"/> Hypogonadism (Free and Total Testosterone (Men), Estradiol (Women), Prolactin, LH/FSH, (all labs drawn in AM) <input type="checkbox"/> Hirsutism (BMP, Testosterone (Free and Total), DHEAs, TSH/FT4, Prolactin) <input type="checkbox"/> Menstrual Function (BMP, Testosterone (Free and Total), DHEAs, TSH/FT4, Prolactin) <input type="checkbox"/> Puberty Disorder in adult or transitioning adolescent (LH/FSH, Testosterone (male), Estradiol (female)	
⁴Disorders of Sexual Function Notes: Labs to be drawn in AM with fasting	
OSTEOPOROSIS/ METABOLIC BONE DISEASE	CALCIUM & PARATHYROID
<input type="checkbox"/> Osteoporosis (DEXA within last year) <input type="checkbox"/> Metabolic Bone Disease/Pagets (BMP, calcium, phosphorus, Alk phos, 25 hydroxy Vitamin D) <input type="checkbox"/> Rickets/Osteomalacia (CMP, Phosphorus, 25 hydroxy vitamin D)	<input type="checkbox"/> Hypocalcemia (CMP or BMP with calcium and albumin, PTH) <input type="checkbox"/> Hypercalcemia (CMP or BMP with calcium and albumin, PTH) <input type="checkbox"/> Parathyroid (Calcium, Phosphorus, Intact PTH, Hydroxy, Vitamin D)

Providers & Patients: Please fax this form and supporting documents directly to (713) 559 3265 and we will reach out to the patient to set up an appointment within 5 business days. Providers should ensure patient or parent/guardian is aware of the referral prior to faxing the form for appointment. For more information on Legacy Community Health, please visit LegacyCommunityHealth.org.