



Endocrine Consultation Referral Form

Phone: (414) 266-6750

Fax: (414) 266-6749

If your patient has an urgent endocrine problem or is <1 month of age, please call (414) 266-6750. Press option #4 to speak directly with a pediatric endocrinologist.

Thank you for referring your patient. All of our referrals are physician reviewed. Please provide the requested information so that we can schedule your patient quickly and with the appropriate provider.

Your office will be notified by fax when your patient has been scheduled.

Please check here if you want a provider to call you to discuss the patient prior to sending the medical records. What is the best day and time to reach you?

Form with two columns: Patient information and Referring Provider Information. Fields include Patient Name, Parent/Guardian Name(s), Date of Birth, Home Phone, Work Phone, Cell Phone, Name, Phone Number, and Fax Number.

Please let us know why you are requesting an endocrinology consult:

Please provide any of the following information that you have for this patient:

- Checkboxes for: GROWTH CHARTS, OFFICE NOTES AND/OR CLINICAL SUMMARY, laboratory results, any other pertinent information, radiology results.

Referring Provider Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please note: The Endocrine Clinic does not have a weight reduction program or a nutritional support program for failure to thrive. If you are unsure about which subspecialty service would best meet your patient's needs the Endocrine office would be happy to assist you. Please contact us at (414) 266-6750, press option #4.

Please fax this completed form to (414) 266-6749

OFFICE USE ONLY section with fields for Date received, Reviewing MD, Date of Appointment, Diagnosis, Referring physician contacted, Comments, Family contacted on, and Special Needs (Interpreter, Food Diary, Dietitian Appt, Other).

