

* Please fax completed form to our central scheduling office at 402-955-6445
* Please send a copy of the front and back of the insurance card with this completed form
* Please send all relevant clinical documents (clinic notes, medication history, growth charts, labs, diagnostic reports, etc.) related to this referral with this completed form.

Growth charts MUST be included for an appointment to be scheduled.

* For referrals of thyroid concerns please send most recent thyroid labs and antibodies.
* Please see our referral guidelines on the 2nd page for diabetes, thyroid and obesity referrals.
* **IF YOUR PATIENT NEEDS TO BE SEEN WITHIN 24 HOURS, PLEASE CALL THE CLINIC DIRECTLY 402-955-3871.**

For priority referrals, please indicate urgency below:

Urgent (within 1 week)  Routine (next available appointment)



**ENDOCRINOLOGY CLINIC**

**NEW APPOINTMENT REFERRAL FORM**

**PATIENT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient Last Name: | First: | | | Middle: |
| Date of Birth: | Sex: Male Female | | | |
| Address: City: State: Zip Code: | | | | |
| Parent(s)/Legal Guardian(s) Name: | | | | |
| Parent(s)/Legal Guardian(s) Phone Number(s): ( ) ( ) ( ) | | | | |
| Email: | | Insurance Plan: | | |
| Interpreter Needed: Yes Language: | | | Primary Care Physician Name: | |

**REFERRING PHYSICIAN INFORMATION**

|  |  |
| --- | --- |
| Referring Provider Name: | * Primary Care Provider  Other: |
| Provider NPI#: | Practice Address: |
| Fax Number: | Phone Number: |

**REASON FOR REFERRAL**

|  |
| --- |
| Reason for Visit:  New Patient  Second Opinion  Follow Up |
| Specific Reason for Referral: |
| Diagnosis: |

**Pre-Diabetes Referrals:**

1. If A1C is 6.0% or higher, refer to Endocrinology.
2. If the A1C is less than 6.0%, refer to Weight and Wellness.

**Thyroid Referrals:**

1. *Urgent referral if the patient has Congenital Hypothyroidism*.
2. TSH >10 with normal or low Free T4. **Please call the Physician Priority Line at 855-850-5437 for further guidance and to start treatment.**
3. TSH is 5-9 with normal Free T4 please **repeat the labs in 1-2 months and include TPO Ab, TG Ab.** If the labs are still abnormal or the antibodies are positive, please fax in a routine referral to Endocrinology.
4. TSH is low and Free T4 is high. **Please call the Physician Priority Line at 855-850-5437 for further guidance and to start treatment.**
5. For Hyperthyroidism:

If TSH is low with a normal Free T4 this may be subclinical hyperthyroidism. **Please repeat labs in 1 month and include Total T3, TSI, TPO Ab, TG Ab.** If patient is symptomatic(heat intolerance, palpitations, high BP, tremors, weight loss) please contact the Physician Priority Line at 855-850-5437 for further guidance.

1. If thyroid labs are inconclusive, please contact the Physician Priority Line at 855-850-5437 for further guidance.

**Obesity Referrals:**

1. If the patient is under 5 years of age, refer to Endocrinology.
2. If the patient is 5 years of age or older, refer to Weight and Wellness.