

Referral Form

Referring Physician

Date (MM/DD/YY)	Name	Billing Number
Address	Phone	Fax
Signature	Family Doctor, If Different	

Patient Information

Name	DOB (MM/DD/YY)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Health Card (Version code if applicable)	Address	Gender Identity (If different)
Home Phone	Alternate Number	
Email		

Reason For Referral

Urgent Semi-Urgent Non-Urgent

- | | | |
|---|---|---|
| <input type="checkbox"/> Adrenal Nodule/Disease | <input type="checkbox"/> Elevated Prolactin | <input type="checkbox"/> Thyroid Nodule |
| <input type="checkbox"/> Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 | <input type="checkbox"/> Male hypogonadism | <input type="checkbox"/> Thyroid Cancer |
| <input type="checkbox"/> Lipids | <input type="checkbox"/> Gynecomastia | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Hypothyroidism | <input type="checkbox"/> Secondary hypertension |
| <input type="checkbox"/> Menstrual Irregularities | <input type="checkbox"/> Hyperthyroidism | <input type="checkbox"/> Pituitary adenoma or disease |
| <input type="checkbox"/> Hirsutism | <input type="checkbox"/> Thyroid disease in pregnancy | <input type="checkbox"/> Other _____ |

Clinical Information (Blank forms will be returned)

Past Medical History and Current Medications (Attach if more space required)

To be included with referral (in addition to basic labs as per your discretion). This will help expedite referral triage.

Adrenal Nodule

- All Prior CT or MRI imaging

Adrenal Insufficiency

- AM Cortisol, ACTH

Diabetes / Metabolic Syndrome

- HbA1c within 3-6 months, lipid profile
- Height and weight for Obesity referral

Pituitary Adenoma

- LSH, FSH, estradiol or testosterone, TSH, Free T4, AM cortisol, prolactin, calcium
- MRI or CT imaging

Menstrual irregularities or Hirsutism

- LH, FSH, estradiol, testosterone, DHEAS, TSH, prolactin
- Day 3 Follicular 17 hydroxyprogesterone level (*if possible*)
- Pelvic US if already done (not required for referral)

Elevated Prolactin

- Two** elevated prolactin levels, TSH, liver enzymes, Creatinine
- Add macroprolactin level (if possible)

Male Hypogonadism

- Low total testosterone level done between 8-10AM
- If low testosterone, then repeat ≥ 2 weeks later between 8-10AM, and add LH, FSH, prolactin and estradiol.

Gynecomastia

- LH, total testosterone, prolactin, estradiol,
- If acute onset with pain or tenderness, add HCG
- Breast US

Hyperthyroidism

- TSH, Free T4, Free T3, Liver enzymes, CBC

Hypothyroidism

- TSH, if subclinical or mildly elevated, then two high TSH levels

*Thyroid function tests, ensure patient OFF biotin minimum 2 weeks before test

Thyroid disease in pregnancy

- Gestational Age or EDC
- TSH level, if TSH 2.5-4.0 then add anti-TPO antibody if not already on Synthroid
- If Low TSH, add Free T4 and Free T3

Thyroid Nodule

- TSH level
- Thyroid US
- FNA date and/or pathology if applicable

Thyroid Cancer

- TSH, Free T4, thyroglobulin, anti-thyroglobulin Ab
- Pathology (FNA, surgery)
- All Relevant Imaging (US, CT)

Transgender

- Lytes, Creatinine, HbA1c, ALT, ALP, lipid profile, CBC, total testosterone, vitamin D
- Add estradiol and prolactin if assigned male at birth