Date:_____

OUTPATIENT CONSULT REQUEST

Metabolism, Endocrinology & Diabetes/Podiatry (MEND)
Office: 734-647-5871
Fax: 734-998-1439

Fax Form and Test Results* to:
734-998-1439

Patient Demographic Information

Patient Last Name:		Patient First Name:	
Street Address:	City:	State:	Zip:
Home Phone:		Cell Phone:	
Patient Sex assigned at birth:		Patient Gender:	
Main Contact Name (if not patient):		Main Contact Phone:	
Primary Insurance Company:			
Medical Record Number (MRN) or SSN:		Date of Birth:	

Physician Information

Referring Physician Name:			
Office Contact Name:			
Address:	City:	State:	Zip:
	Phone:	Fax:	
Primary Care Physician Name (if different than referring physician):			
Address:	City:	State:	Zip:
	Phone:	Fax:	

Patient pregnancy status:	Status of the primary diagnosis:
☐ Currently pregnant	☐ New or untreated/unstable
☐ Planning pregnancy	☐ Established and stable
☐ Immediately post-partum	☐ Suspected
☐ Not applicable	☐ Not Applicable

*Hard copies of abnormal test results, ultrasounds, CT scans, MRI's that support the suspected diagnosis are required for a patient to be seen.

PRIMARY DIAGNOSIS: Select ONLY 1 primary diagnosis and answer the questions to its right.		
☐ **ADRENAL**	☐ Adrenal cancer / adrenal cortical carcinoma (Refer to Endocrine Oncology Clinic) ☐ Adrenal Insufficiency (including Addison's disease) ☐ Adrenal mass / nodule (including bilateral adrenal hyperplasia) ☐ Carcinoid Congenital Adrenal hyperplasia ☐ Cushing's syndrome ☐ Hyperaldosteronism ☐ Hypertension Hypokalemia ☐ Multiple endocrine neoplasia ☐ Neuroendocrine tumor ☐ Pheochromocytoma / Paraganglioma	**Do you suspect Cushing's Disease due to a pituitary adenoma?** ☐ YES ☐ NO
☐ **BONE / CALCIUM**	☐ Hypercalcemia ☐ Hyperparathyroidism ☐ Hypocalcemia ☐ Hypoparathyroidism ☐ Kidney stones ☐ Osteomalacia ☐ Osteopetrosis ☐ Osteoporosis / Osteopenia Paget's Disease of Bone	**Patient calcium level:** ☐ < 8.0 mg/dl ☐ ≥ 11.4 mg/dl ☐ 8.0 to 11.3 mg/dl
☐ **FEMALE REPRODUCTIVE**	☐ Amenorrhea / oligomenorrhea Female ☐ Hypogonadism ☐ Hirsutism ☐ Turner's syndrome ☐ Menopause ☐ Hair loss in female patient ☐ Polycystic ovarian syndrome (PCOS)	**Is this referral for fertility treatment?** ☐ YES NO ☐

	☐ Abnormal Genitalia	
☐ **DIABETES**	☐ Type 1 diabetes or Latent Autoimmune Diabetes of the Adult (LADA) ☐ Type 2 diabetes ☐ Pancreatitis-related diabetes (Type 3c diabetes) ☐ Pancreatic cancer diabetes (Type 3c diabetes) ☐ Cystic fibrosis-related diabetes (Type 3c diabetes) ☐ Atypical diabetes (including Atypical Diabetes Program) ☐ Lipodystrophy or progeria ☐ MODY/Maturity Onset Diabetes of the Young ☐ Gestational Diabetes ☐ Diabetes in pregnancy ☐ Pediatric Diabetes Transition Clinic (18-22 years)	**Does patient have history of pancreatitis, pancreatic cancer, CFRD, hemochromatosis or alcoholism?** ☐ YES NO ☐ **Does patient have history of autoimmune thyroid disease or other autoimmune disease?** ☐ YES NO ☐ **Does patient have recent triglycerides >2000 or a history of acute pancreatitis?** ☐ YES NO ☐ Patient age at diagnosis: ☐ 0-24 years old ☐ 25+ years old Patient A1c level: ☐ ≤ 10 ☐ > 10
☐ **HYPOGLYCEMIA**	☐ Hypoglycemia	**What is the primary contributing factor?** ☐ History of bariatric surgery ☐ Diabetes/prediabetes Known endocrine ☐ tumor Suspected endocrine tumor ☐ Unknown
☐ **MALE REPRODUCTIVE**	☐ Abnormal genitalia ☐ Low Testosterone/Male Hypogonadism ☐ Klinefelter syndrome	**Does the patient have lab- confirmed low testosterone?** ☐ YES ☐ NO
	☐ Gynecomastia	1. Is the gynecomastia: ☐ bilateral ☐ unilateral 2. Has the patient received a mammogram in the last year?

☐ **TRANSGENDER CARE**	☐ Transgender care

☐ **OBESITY AND LIPIDS**	☐ Obesity ☐ Obesity syndrome ☐ Prediabetes ☐ Metabolic syndrome ☐ Lipid disorder ☐ Weight Management Program ☐ Obesity and Metabolic Disorders Program	**Does patient have recent triglycerides >2000 or a history of acute pancreatitis?** ☐ YES NO ☐ **Does patient have possible obesity genetic syndrome?** ☐ YES ☐ NO
	☐ Post-bariatric surgery follow up Does patient have lap band? ☐ YES – placed at Michigan Medicine ☐ YES – placed outside of Michigan Medicine ☐ NO Did patient have bariatric surgery at Michigan Medicine: ☐ YES ☐ NO	**Does patient have any metabolic complications?** ☐ Bone disease Hypoglycemia ☐ Persistent vitamin or metabolism abnormality ☐ Poorly controlled diabetes (A1c > 8%) ☐ Weight gain > 30%
☐ **THYROID**	☐ Thyroid Nodules – Goiter **If your patient's nodule is >/=2cm in size, would you like the patient to be considered for any of the following (check all that apply)?** ☐ Interventional Thyroid Clinic	
	☐ Thyroid Cancer – Anaplastic or Medullary (Refer to Endocrine Oncology Clinic) ☐ Thyroid Cancer – Papillary or Follicular	**Patient has known lymph node or distant metastasis:** ☐ No ☐ Yes - Please cancel this referral and refer to Endo Oncology
	☐ Hyperthyroidism or Graves' Disease ☐ Hypothyroidism or Hashimoto's	**Patient TSH level:** ☐ Normal 0.5-5 ☐ Abnormal < 0.5 ☐ Abnormal 5-30 ☐ Abnormal > 30 **Patient T4 level:** ☐ Normal ☐ Abnormal

☐ **PITUITARY**	☐ Acromegaly ☐ Cushing's Syndrome ☐ Empty Sella syndrome ☐ Galactorrhea ☐ Hyperprolactinemia ☐ Hypopituitarism ☐ Pituitary tumor ☐ Prolactinoma	**Does patient have a pituitary tumor?** ☐ YES ☐ NO
	☐ Diabetes insipidus ☐ Hypernatremia ☐ Hyponatremia ☐ Syndrome of Inappropriate Antidiuretic Hormone (SIADH)	**Patient serum sodium level?** ☐ ≥ 150 ☐ ≤ 130 ☐ 131-149
☐ **OTHER**	Please indicate primary reason for referral, if not listed above, or if there are additional diagnoses that should be addressed in this referral:	