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|  | P:\Marketing\Logo Files\Horizontal Logo Form B\52081fcd-f82b-42f1-82a4-5529056d57cb30114561_CreedmoorCentre_B.jpg  **Julia Warren-Ulanch, MD Candy Stringer, PA-C Ravin Mehta, PA-C Andrea Kerick, RD/CDE** |

Request for Consultation Form

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requesting a consult from Dr. Julia Warren-Ulanch and her staff regarding an opinion on:

Patient Information:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requesting Provider Information (This helps us optimize our service to you)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Referral #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Signature of Provider or Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for consult:

Neck mass\_\_\_\_\_\_\_\_\_\_ Pituitary mass\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Short Stature\_\_\_\_\_ Medical Nutrition Therapy\_\_\_\_\_\_

Thyroid nodule\_\_\_\_\_\_ Irregular/Lack of menses\_\_\_ Early Puberty\_\_\_\_\_\_ Hyperthyroidism\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Excess hair growth\_\_\_\_Late Puberty\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hypothyroidism\_\_\_\_Hypercalcemia\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hair loss\_\_\_\_\_\_\_\_\_\_\_\_\_\_Thyroid Cancer\_\_\_\_\_\_\_\_\_\_\_\_ Weight gain\_\_\_\_\_\_\_Adrenal mass\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thyroiditis\_\_\_\_\_\_\_\_\_\_\_\_ Adrenal Insufficiency\_\_\_\_\_\_\_ Fatigue\_\_\_\_\_\_\_\_\_\_\_High prolactin\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Turner Syndrome\_\_\_\_\_\_Weight loss\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Urgency of consult: High\_\_\_\_\_\_ Medium\_\_\_\_\_\_ Low\_\_\_\_\_\_

Please fax completed form to 919-845-3395 along with the Patient’s most recent clinic note, labs, imaging studies, and growth curves.

We look forward to serving you and your patient.

Sincerely,

Dr. Julia Warren-Ulanch and the staff of Creedmoor Centre Endocrinology