



# CREEDMOOR CENTRE ENDOCRINOLOGY

WHERE IT ALL COMES TOGETHER

**Julia Warren-Ulanch, MD**

**Candy Stringer, PA-C  
Andrea Kerick, RD/CDE**

**Komal "Kay" Patel, PA-C**

## 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: \_\_\_\_\_ Day Time #: \_\_\_\_\_

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

Medical Nutrition Therapy Details

Weight Loss \_\_\_\_\_ Weight gain \_\_\_\_\_ Age-Specific nutrition \_\_\_\_\_ Picky Eating \_\_\_\_\_

Pre-Diabetes \_\_\_\_\_ Diabetes \_\_\_\_\_ Hypertension \_\_\_\_\_ Hyperlipidemia \_\_\_\_\_ Gestational \_\_\_\_\_

Before Bariatric Surgery \_\_\_\_\_ After Bariatric Surgery \_\_\_\_\_ Polycystic Ovary Syndrome \_\_\_\_\_