

REFERRAL FORM FAX TO 406 435-8482

DIABETES, ENDOCRINOLOGY & METABOLISM CENTER

Pat	tient Name:	DOB:		
1	❖Please write the clinical	question to be addressed in this box:	Is this a new diagnosis? Yes No	
2	Note: All referrals must include patient <u>demographics</u> , <u>pertinent notes</u> and <u>medication</u> <u>list</u> . Incomplete referrals will not be held longer than 5 business days.			
3	Choose referral diagnosis and description			
	DIABETES MELLITUS →	Choose from both dropdowns:		
		Is this referral for (check one):		
		Management (team including MD/NP/PA and CDE)		
		 Seeking insulin pump and/or continuous glucose monitor (will meet with provider and CDE for pump pathway) Needs CDL paperwork? 		
		Education ONLY (will not be seen by provider, will be seen by CDE		
		only)		
		Please provide most recent CMP, urine creatinine/albumin ratio, lipid profile, BMI, dates of last foot and eye exam, and A1c FROM WITHIN 90 DAYS.		
		Choose appropriate from dropdown:		
	Thyroid →	MUST have TSH within last 90 days. Please all antibody studies, imaging or pathology results w		
	ADRENAL →	Please provide most recent labs, imaging as ava	ilable.	
PARATHYROID / ABNORMAL CA / OSTEOPOROSIS →		Most osteoporosis referrals will be seen initially by NP. Please provide most recent PTH, Vitamin D if available, Ionized calcium, CMP, DXA scan, imaging results.		
	PITUITARY / PROLACTIN LEVELS / ACROMEGALY / EMPTY SELLA →	Please provide most recent labs, imaging results.		
	PCOS →	Please provide most recent labs (please note: fert referred to Reproductive Endocrinology or OB/GYN)	lity/menstrual concerns should be	
	Hypogonadism →	Please provide 2 most recent a.m. testosterone	and a PSA.	
	Weight ->	Weight concerns will be handled through either of Surgical pathway, which include comprehensive		

Our apologies, but due to patient volume, Billings Clinic Endocrinology does not currently provide care for menopause, reproductive hormone replacement (except male hypogonadism), thyroid patients who are euthyroid on therapy, or patients with diagnoses not specific to endocrinology (i.e. "fatigue" without underlying pathology).

surgical

Please note: This is for consult only. We do not provide surgical services

Please provide most recent labs; and mental health provider notes if available

non-surgical program.

Please specify interest in

Please be advised that services may be provided by an NP or PA in our department.

WEIGHT →

TRANSGENDER HEALTH →

Referring Provider's Name:	Date