

Endocrine Request for Service Order

Pt. Name: _____

DOB: _____

MRN (If available): _____

Parent Name _____

Phone # _____ Preferred time: ☐ 8-12, ☐ 12-5, ☐ after 5

Insurance: ☐ Medicaid, ☐ PPO, ☐ HMO, ☐ Self-pay / Other

Referring Provider Name: _____

Practice Name: _____

Date of Request: _____

Please attach patient's demographics

Step 1: When should patient be seen?

☐ ASAP (\leq 24 hours)

- For physicians new to Lurie Children's – Call the VIP Physician Hotline – **800.540.4131, Option 4**
- For all other physicians, call the Lurie Children's Endocrine Department Directly at **312.227.6090**

☐ Within 2 weeks

☐ > 2 weeks

Step 2: Identify Chief Complaint

☐ Abnormal Newborn Screen

☐ Neuro/Endocrine Disorder

☐ Pituitary lesion & Optic Nerve Hypoplasia

☐ Irregular Menses/Hirsutism

☐ Ambiguous Genitalia

☐ Other: _____

☐ Short Stature

☐ New diagnosis of Diabetes

☐ Delayed Puberty

☐ Precocious Puberty

☐ Calcium Disorders

☐ Hypoglycemia

☐ Thyroid disease

☐ Hypothyroidism

☐ Hyperthyroidism

☐ Nodules/Concern

for or Diagnosed

Neoplasm

Step 3: Info Requested for Each Referral

1) **Pertinent and Quick Patient History (1 – 2 sentences):** (Please Print)

2) **Questions referring provider wants answered by Specialist**

3) **Has the referring provider already spoken with a Lurie specialist about this referral?**

4) **Is there a preferred provider to see the patient?**

5) **Which location is preferred for the patient's appointment?**

Ensure the following are sent to the Specialist (Endocrine Fax 312.227.9403)

- | | |
|---|---|
| 1. Current Medications | 5. Imaging (provide disk if available) |
| 2. Pertinent Labs | 6. Previous Endocrine Results (if available) |
| 3. Growth Chart | 7. Previous Genetics and GI Consults (if available) |
| 4. Bone Age (provide disk if available) | |

Please submit this request to KidsDoc Fax #: 312.227.9832