

# ***UVA Diabetes and Endocrine Clinic***

## **Referral Form**

.....

At UVA, we value our relationships with referring providers. Thank you for referring your patient to UVA Diabetes and Endocrine Clinic. To help us provide the best care, please **fax this form and the additional information noted below to 434.244.9456**. If you have questions or concerns, please call our office at **434.924.1825**.

### **CLINIC INFORMATION**

Date of Referral: \_\_\_\_\_

Referring Provider Name: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

### **PATIENT INFORMATION**

Name (Last): \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN (Last 4 Digits): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Referring Diagnosis: \_\_\_\_\_

### **INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_

Policy ID: \_\_\_\_\_ Group Number: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

# ***UVA Diabetes and Endocrine Clinic***

## **Referral Form**

---

### **Additional Information**

For all referrals, please provide:

- 6-12 months of office notes
- 6-12 months of labs
- Imaging reports related to diagnosis
- Medical records from current or previous providers that have managed the patient's condition if patient is new to your clinic

### **Condition-Specific Information**

If you are referring for one of the diagnoses below, please also provide the information listed, if available.

#### **Diabetes (Type 1, Type 2, Gestational)**

- Recent A1C
- Last urine microalbumin to creatinine ratio
- Date of last eye exam
- Last lipid panel

#### **Thyroid (Hypothyroidism, Hyperthyroidism)**

- Recent TSH, total or free T3 and total or free T4
- Antibody testing results (e.g., microsomal antibody, thyroid stimulating antibody, thyroid receptor antibody)

#### **Thyroid Nodule, Goiter, Enlarged Thyroid, Thyroid Cancer**

- Thyroid ultrasound reports (current and previous)
- Thyroid biopsy and/or pathology reports

#### **Osteoporosis**

- DEXA scan report from within 2 years

#### **Adrenal**

- Labs specific to referring diagnosis, such as plasma metanephrines, cortisol, ACTH

#### **Bone/Calcium Disorders Other Than Osteoporosis/Osteopenia**

- Recent calcium levels and 25-OH vitamin D
- PTH

#### **Glycemic/Metabolic Disorders Other Than Diabetes**

- Recent lipid panel, including TC, LDL, HDL

#### **Reproduction\***

- Recent testosterone, estrogen, FSH, LH

*\*We do not evaluate or treat patients for infertility.*



*Please allow five business days from the time we receive your referral for processing. Due to high clinic volume, we use a prioritization system to schedule patients based on medical records and clinical urgency.*