

Endocrinology Consultation Form
Fax to 202-476-4095 or
Email to endocrinology2@childrensnational.org

Note to referring providers: Please use this form 1) To request an expedited appointment for a problem that cannot wait until the soonest available regular appointment (e.g. newly diagnosed hyperthyroidism, obvious hypothyroidism [TSH>30], mildly elevated BGs) or 2) To receive an opinion as to whether an abnormal lab test, x-ray or growth chart merits a full consultation.

Patient's Full Name _____
Date of Birth _____
MRN# if currently a Children's National patient _____

Scheduling Contact Information

Name of Parent or Legal Guardian to be contacted for appointment scheduling _____

Relationship if other than parent or legal guardian _____

Phone #: HM _____ Wk _____ Cell _____

Referring Physician Information

Full Name _____

Phone #: _____ Fax # _____

Referral Detail

Indicate reason for referral and specific questions you would like us to address: Please attach relevant labs and/or reports of imaging studies and a growth chart if growth or puberty is the concern.