

Service	Form name	Information Provider needs to fill in	Documentation/Labs/PreWork/Etc (* if optional)
Dermatology	Dermatology (General)	Reason for consult with symptoms Duration and progression of symptoms Location(s) on body Current medications or in past 3 weeks Drug Allergies Brief history (narrative)	Photo: Close up image Photo: Regional view with anatomic landmark Photo: Side view for height and surface
Dermatology	Dermatology Appointment Request	Brief description of the problem Medication List Patient Travel Needs (housing, escort, etc)	Images
Diabetes	Diabetes Consult	Chief Complaint and current question/issue  How long has the patient had diabetes? Do you have a blood glucose record? Yes/No History of MI, Stroke, or CKD? Other Pertinent History; Smoker, Alcohol use: approximate amount and frequency, BP, P, BMI or Questions	Scanned Lab Report or A1c, Cr, CBC, Lipids, ALT, and Glucose If Foot question, please include foot exam including microfilament and photographs
Endocrinology	Follow-up after Iodine 131 for Hyperthyroidism	When was patient treated with Iodine 131 Current Medications (including contraceptives) Patient's current method of contraception: DepoProvera Inj, IUD, Tubal Ligation, Oral Weight loss over 5 lb in past 2 months? Weight gain over 5 lb in past 2 months? Frequently feels too hot? Frequently feels too cold? Frequent heart palpitations? Constipation? Muscle and joint aches and pains? New onset or Chronic? Other complaints/concerns (describe) Physical exam findings to include (normal/abnormal; if abnormal, describe): General appearance (describe);  Any other concerns for Endocrinologist to Address?	Lab reports with TSH, free T4, Any other pertinent lab data