

Service	Form name	Information Provider needs to fill in	Documentation/Labs/PreWork/Etc (* if optional)
Endocrinology	Thyroid Concerns (Hyperthyroidism, Hypothyroid, Nodule, etc)	<p>Patient's chief complaint</p> <p>History of Present Illness</p> <p>Is Patient currently taking (yes/no/not applicable): Propylthiouracil (PTU)? Methimazole? Levothyroxine?</p> <p>Has patient ever had a thyroid scan/update? If yes, date, place, findings (if known)</p> <p>Has patient ever received Iodine 131 treatment? If yes, date, place findings (if known)</p> <p>Has patient had a thyroid ultrasound? If yes, date, place, findings (if known)</p> <p>Has patient had a thyroid biopsy? If yes, date, place, findings (if known)</p> <p>Has patient had thyroid surgery? If yes, date, place, findings (if known)</p> <p>For female patients only, date of last menstrual period</p> <p>Is patient pregnant?</p>	
ENT	ENT Direct Referral Appointment Form for Tonsillectomy	<p>Diagnostic criteria for direct referral (select below):</p> <p>Recurrent streptococcal pharyngitis defined as 3 or more distinct episodes with positive cultures or RST in a</p> <p>Recurrent acute tonsillitis defined as six or more episodes of exudative tonsillitis (not pharyngitis) in a 12-</p> <p>Recurrent tonsillitis when complicated by peritonsillar abscess, febrile seizures, abscessed lymph nodes, or Obstructive sleep disturbance secondary to tonsillar and/or adenoid hyperplasia. This may be manifested</p> <p>If no on any of the following, patient should be referred to ENT clinic for evaluation:</p> <p>Preexisting medical problems that might complicate anesthesia delivery and/or the surgical procedure?</p> <p>Procedure requested in next four weeks?</p> <p>Does patient desire direct referral for surgery without regional clinic eval?</p> <p>Enlarged tonsils on exam?</p>	
ENT	ENT Direct Referral of Other ENT Problems	<p>Please describe the ENT problem you would like us to evaluate.</p> <p>Significant Medical History that may be related to ENT issue.</p>	