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| **URGENT DIAGNOSES**  ***Dear Providers,***  ***We strive to serve your patient’s needs with the greatest efficiency and care. While endocrine emergencies are rare, we are ALWAYS AVAILABLE for prompt endocrine consultation and welcome your phone calls on these patients! We block a limited number of slots for patients requiring urgent or pressing evaluation and treatment; our schedules are otherwise booked out for the next 2-3 months and we must triage patients based on the records that you send us. We have compiled a quick guide to assist you in determining if your patient will require an urgent, pressing or routine appointment or evaluation.***  ***Please, always feel free to call us with questions! Our staff will immediately expedite contact to the physician if you feel the matter is URGENT.***  ***Best Regards,***  ***David H. Jelley, MD & Laura Chalmers, MD***  **These diagnoses require URGENT provider to provider phone contact. Please, do not leave a voice message or refer by fax alone.** | | |
| **Diagnosis** | **Please fax the following records** | **Best Contact** |
| [ ] New onset diabetes (any)  **Fasting BG >125 mg/dl, Random >200 mg/dl, A1C >6.5**  [ ] Known type 1 DM with recent DKA / hospitalization | * most recent Hgb A1C * other labs if available * current medication list * latest H&P * growth charts | Please call our office (OU Schusterman Clinic) at  **918-619-4803** or through the Saint Francis Hospital MEDICALL at **918-493-6000** and ask to **speak to the PHYSICIAN ON CALL**  **Please, do not leave a voice message.**  After speaking to the on-call physician, **FAX to 918-619-4801**  [ ] Referral form  [ ] Insurance info  [ ] Demographics  [ ] Growth charts    Note **“URGENT”** on the fax cover sheetor in DOC2DOC |
| [ ] New onset diabetes insipidus | STAT venous electrolytes |
| [ ] Abnormal newborn screen for adrenal hyperplasia | STAT venous electrolytes and 17-OH progesterone, newborn screen results |
| [ ] Confirmed pituitary tumor  [ ] Adrenal insufficiency or adrenal mass  [ ] Pheochromocytoma  [ ] Endocrine hypertension | MRI / CT report, labs (if completed), recent office note |
| Urgent thyroid diseases:  [ ] Abnormal newborn screen for hypothyroidism  [ ] Neonatal hyperthyroidism  [ ] New onset hyperthyroidism or Grave’s disease  [ ] Confirmed thyroid mass/nodules (goiter) | TSH, FT4, growth chart, newborn screen, thyroid imaging reports (if completed) |
| [ ] Neonatal/Congenital hyperinsulinemia with hypoglycemia | CMP, insulin level |
| [ ] Prepubertal vaginal bleeding | Pelvic ultrasound |
| [ ] Ambiguous genitalia | Newborn screen results, stat electrolytes, pelvic ultrasound |

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| **PRESSING DIAGNOSES These diagnoses may need an evaluation within the next 2-4 weeks.** | | |
| **Diagnostic information** | **Please fax the following records** | **Best Contact** |
| [ ] Congenital Hypothyroidism or central hypothyroidism (> 1 year) | TSH, growth chart, newborn screen results | **Fax** the following to **918-619-4801**  [ ] Referral form  [ ] Insurance info  [ ] Demographics  [ ] Growth charts  Note “**PRESSING**” on the fax cover sheet or in DOC2DOC |
| [ ] Acquired hypothyroidism/ Hashimoto’s Thyroiditis | TSH, FT4/thyroid antibodies, growth chart |
| [ ] Calcium dysregulation (hyper/hypo or abnormal PTH or diminished bone mineral density | Calcium, phosphorus, alk phos, PTH, 25-OH(Vit D), and 1-25 (OH) (Vit D), DEXA |
| [ ] Diabetes Type 1 previously diagnosed, stable but new to clinic/poorly controlled. | Most recent Hgb A1C, lab work, current medication list (including insulin regimen if any) latest H&P, and growth charts |
| [ ] Microphallus  [ ] Undescended testes | Growth chart, any labs (if completed) |
| [ ] Newly diagnosed sex chromosome irregularities | Karyotype, growth chart |
| [ ] Cushing syndrome | Growth chart, labs, any imaging reports |
| **ROUTINE DIAGNOSES These patients are typically not medically pressing but are routinely evaluated and followed in our clinic. These appointments will be scheduled as a next available new patient appointment.** | | |
| **Diagnostic information** | **Please fax the following records** | **Best Contact** |
| [ ] PCOS or irregular menstrual cycles with hyperlipidemia (also see dietitian) | Hgb A1C, lab work, current medication list (with insulin regimen if any) last H&P, and growth charts | **Fax** the following to  **918-619-4801**  [ ] Referral form  [ ] Insurance info  [ ] Demographics  [ ] Growth charts  or send referral via DOC2DOC |
| [ ] Delayed puberty  [ ] Precocious puberty  [ ] Premature adrenarche | lab work, latest H&P, and growth charts, **BONE AGE X-RAY OF LEFT HAND (CPT code 77072), Bring imaging to appointment!** |
| [ ] Short stature, poor growth  [ ] Tall stature  [ ] Failure to thrive (also see dietitian) | lab work, last H&P, and growth charts, **BONE AGE X-RAY OF LEFT HAND (CPT code 77072), Bring imaging to appointment!** |
| **Our endocrinologists are no longer accepting referrals for OBESITY, METABOLIC SYNDROME, or ACANTHOSIS NIGRICANS without a primary ENDOCRINE diagnosis.** Our dietitian WILL accept these referrals for evaluation/treatment and will refer on to the endocrinologist in the event the patient may benefit from an endocrine evaluation. OU’s ELI clinic (Early Lifestyle Interventions Clinic) also accepts these patients, (under 12), **Call ELI @ (918) 619-4397.** | |