



**Diabetes & Endocrine Center
Thyroid Specialists of Michigan**

300 Lafayette ST SE, Suite 2045
Grand Rapids, MI 49503
Phone (616) 685-3098 Fax (616) 685-4177

NEW PATIENT REFERRAL FORM

Name: _____

Referral Date: _____

Date of Birth: _____

Office Contact Name & Ext : _____

SS# _____

Referring Physician: _____

Address : _____

Address: _____

Phone #: _____

Phone: _____

Alternate Phone _____

Fax: _____

Primary Insurance: _____

Primary Care Physician: _____

Policy holder Name, DOB _____

Fill out forms and Call if:
 Pregnant:
 Urgent

Group # _____

INTERPRETER REQUIRED? _____

Contract # _____

Primary Language _____

Secondary INS: _____ Policy Holder Name, DOB _____

Best time to reach patient _____

would patient prefer to be contacted via e mail or phone?

***What are the best days and times for us to schedule**

E Mail Address _____

Your appointment _____

Primary

Diagnosis: _____

Reason for Consultation: _____

- CONSULT Diagnostic Testing and Treatment**
- CONSULT and RETURN to PCP, with Treatment Plan**

Robert Rood, MD
DIABETOLOGIST

Emilie Collins, MD
ENDOCRINOLOGIST

Ruggero Battan, MD
ENDOCRINOLOGIST

Douglas Notman, MD
ENDOCRINOLOGIST

Janette Buhl
NURSE PRACTITIONER

Mary Wilson
NURSE PRACTITIONER

Nancy Wolotira
NURSE PRACTITIONER

Mark Swan, OD
OPTOMETRIST

Susan Owen
NURSE PRACTITIONER

The following information is Required before we process this referral:

- **Copies of all insurance cards front and back Must be legible**
- **History & physical or current progress notes**
- **Current medication list, allergy list**
- **Most recent available labs: HGB A1c, cholesterol, micro albumin, chemistry panel, TSH, GTT, Other labs pertaining to diagnosis**
- **Any diagnostic testing pertaining to referral request (Endocrinology) biopsy, Ultrasound, X-Ray, CT scan, MRI, Surgical reports pertaining to referral request.**
- **Specific vision symptoms or concerns.**

Thank you for your Referral.

We will contact the patient

Patient appointment date _____

Information packet sent _____

Patient Notified _____

Referring office notified _____

Date & Time

