

## Salem Endocrinology Referral Criteria

Updated: April 2023

The below information is the current referral review criteria that the Salem Endocrinology team is using to assess the appropriateness of fit for a patient referred based on the teams' skills and training. If you have questions regarding any of the below information, you can always call our office at (971) 332-8445, Press Option 9 for the provider line. You can also email Mike Olson at [mfolson@gopxh.com](mailto:mfolson@gopxh.com).

### **Diabetes Mellitus Type 1**

- All
  - Hemoglobin A1c, CMP, within the last 12 months.
  - Lipid panel, microalbumin /creatinine ratio – if available within 12 months
  - Their most recent chart note with an updated medication list
  - Urgent if new diagnosis

### **Diabetes Mellitus Type 2**

- If uncontrolled A1c or other special circumstance, typically if Hemoglobin A1c is >8 %
- If they have an insulin pump or a CGM (Continuous Glucose Monitor)
  - Hemoglobin A1c, CMP within the last 12 months.
  - Lipid panel, microalbumin /creatinine ratio - *if available* within the last 12 months.
  - Their most recent chart note with an updated medication list

### **Hypothyroidism**

- If TSH is normal, send for review to provider
- If TSH is abnormal, okay to schedule
  - TSH within last 6-12 months
  - Their most recent chart note with an updated medication list

### **Thyroid nodule**

- All
  - TSH within the last 12 months
  - Thyroid/neck imaging - ultrasounds, CTs, or MRIs done in the last 2 years
  - If available – results of prior thyroid nodule biopsies
  - Their most recent chart note with an updated medication list

### **Hyperlipidemia:**

- All
  - Lipid panel within the last 6 months
  - Their most recent chart note with an updated medication list

**PCOS:**

-All

- Their most recent chart note with an updated medication list

**Osteoporosis:**

-All

- Most recent Dexa scan (last 2 two if available)
- Their most recent chart note with an updated medication list

**Adrenal nodules/adrenal adenoma/adrenal hypertrophy**

-All

- Recent imaging of adrenal glands (CT abdomen, etc.)
- Their most recent chart note with an updated medication list

**Transgender**

-All

- Their most recent chart note with an updated medication list

**Pituitary adenoma/prolactinoma/empty sella syndrome/ craniopharyngioma**

-All

- If available - Brain/Pituitary imaging within 2 years.
- Their most recent chart note with an updated medication list

**Hyperparathyroidism/Hypercalcemia**

- CMP or BMP, or calcium- within last 6-12 months.
- if available - Recent PTH, vitD
- Updated med list
- Imaging (If available); thyroid ultrasound, nuclear medicine parathyroid scan, and DXA scan.
- **Urgent if Ca>11.0 on recent labs**

**Fatigue- Not currently accepting****REFERRALS FOR BELOW REASONS NEED TO GO TO PROVIDER TO REVIEW PRIOR TO SCHEDULING****Hyperthyroidism**

- Last TSH - preferably within last 3-6 months.
- If available – free T4 and free T3, Thyroid stimulating immunoglobulin
- If available - Neck imaging
- Updated medication list

**Thyroid Cancer**

- Last progress note, Recent TSH
- If available - Pathology report if already undergone thyroid surgery
- If available - Last neck imaging
- If available - Thyroglobulin levels if available

**Male hypogonadism****Miscellaneous conditions**