**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**