Diabetes & Endocrinology Clinic of GA
Phone : (770) 284 3150, Fax : (770) 284 3170, Referral Fax : (404) 905-5424
Roswell / Cumming / Woodstock
www.diabetesendoclinic.com

ENDOCRINOLOGY CONSULTATION REFERRAL FORM

If your patient has not heard from us within 1 days of faxing this referral form,
Please have the patient call our referral coordinator at 770-284-3150

PATIENT INFORMATION

PATIENT'S NAME:_____ DOB: _____

ADDRESS: _____

MAIN PHONE #:_____ 2ND PHONE #: _____

INSURANCE COMPANY:_____ INSURANCE ID#: _____

SELECT PROVIDER

- ☐ **Dr. Ashly Joseph** (Roswell/Cumming)
- ☐ **Dr. Hamza Sheikh** (Woodstock only)

- ☐ **Roswell**: 11731 Pointe Place, Roswell GA 30076
- ☐ **Cumming**: 102 Mary Alice Park Rd, Suite 801, Cumming GA 30040
- ☐ **Woodstock**: 300 Parkbrooke Place, Suite 170, Woodstock, GA 30189

REFERRING PHYSICIAN INFORMATION

PHYSICIAN: _____

ADDRESS: _____

NPI#: _____

PHONE#:_____ FAX#: _____

CONTACT PERSON:_____ CONTACT PHONE/EXT: _____

REASON FOR REFERRAL:

- ☐ Diabetes mellites - type 1 and type 2
- ☐ Hyperthyroidism
- ☐ Hypothyroidism
- ☐ Thyroid nodules and cancer
- ☐ Adrenal incidentaloma
- ☐ Addison's disease
- ☐ Pheochromocytoma
- ☐ Endocrine cancers
- ☐ Hypercalcemia
- ☐ Hypocalcemia
- ☐ Hyperparathyroidism
- ☐ Hypoparathyroidism
- ☐ Pituitary adenomas
- ☐ Hypopituitarism
- ☐ Cushing's disease
- ☐ Hypertension
- ☐ Osteoporosis
- ☐ Paget's disease
- ☐ Male hypogonadism
- ☐ Polycystic ovarian syndrome (PCOS)
- ☐ Metabolic disorders
- ☐ Pre-diabetes
- ☐ Lipid disorders
- ☐ Obesity

OTHER, PLEASE TYPE:_____

PLEASE ATTACH MEDICAL RECORDS including LABS, SCANS, BIOPSY, ULTRASOUND, HOSPITAL RECORDS & INSURANCE CARD. FAX THIS REFFERAL TO 404-905-5424