



Metabolic Leader, LLC, PA
71 U.S. Route One, Suite J
Scarborough, ME 04074

PHONE (207) 396-6433
FAX (207) 396-6436

www.metabolicleader.com

Endocrinology/Diabetes/Lipid Clinic Referral Form

Date Submitted: _____

Patient's Full Name: _____ Gender: Male OR Female

Date of Birth: _____ SSN: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Tel: _____ Work Tel: _____ Cell: _____

Hearing or Language Interpreter Required Wheelchair Bound O2 Other _____

Please send a copy (front and back) of the patient's Insurance card(s) with referral information.

Insurance Company: _____ Primary Policy Holder: _____

Policy Holder's DOB: _____ Certificate #: _____ Group #: _____

Insurance Referral Authorization Required? Yes OR No

Referral Auth #: _____ # Visits Allocated: _____ Date Span: _____ to _____

Circle One: Consultation Only OR Consultation with Treatment OR Co-Management

Clear Diagnosis (Description): _____ ICD9 Code: _____

Appointment Urgency: Urgent (Within 24-48 hours) Within 1 week Non-Urgent (Next Available)

Referring Physician: _____ NPI#: _____

Practice Name: _____

Contact Person: _____ Contact's Direct Phone Number: _____

Address: _____

Telephone: _____ Fax: _____

Primary Care Physician (if different): _____

Please include the following pertaining to this diagnosis:

For All Endocrinology/Diabetes/Lipid Clinic Referrals

- ____ Office Note(s) pertaining to the diagnosis
- ____ Medication List
- ____ Problem List
- ____ Lab Results/Flow Sheets
- ____ Radiology Reports
- ____ Other

Additional Info for Lipid Referrals Only

- ____ 1 Year Lipid Profiles
- ____ TSH
- ____ CMP