

Endocrinology Clinic

Fax: 504.903.1605

**Fax this form with the Endocrinology
Master Referral form when requesting appointment.**



Appendix: Hypoglycemia (non-diabetic)

Serum fasting insulin levels, fasting C-peptide levels, and Comprehensive Metabolic Profile results (current within 6 months) are required for this referral. Consider performing an ACTH Stimulation Test if adrenal insufficiency is clinically suspected. If not available in CLIQ, include the test results as well as the date of testing on this form or fax a copy with the Endocrine Clinic referral request. Please instruct the patient to bring copies of test results and current medications to the clinic for their appointment.

***If possible measure serum insulin, c-peptide and serum or urine sulfonylurea levels when the patient is hypoglycemic.

Patient Name: _____ Date of Referral: ___/___/___
Date of Birth: ___/___/___ LIH Medical Record Number: _____

TEST:	Date:	Result:	Lab Range:
Serum Fasting Insulin	___/___/___	_____	___ - ___
Serum Fasting C-peptide	___/___/___	_____	___ - ___
Serum Sulfonylurea	___/___/___	_____	___ - ___
Urine Sulfonylurea	___/___/___	_____	___ - ___
Comprehensive Metabolic Profile	___/___/___		
Sodium		_____	___ - ___
Potassium		_____	___ - ___
Chloride		_____	___ - ___
CO2		_____	___ - ___
BUN		_____	___ - ___
Creatinine		_____	___ - ___
Glucose		_____	___ - ___
Calcium		_____	___ - ___
Alk Phos		_____	___ - ___
AST		_____	___ - ___
ALT		_____	___ - ___
T. Protein		_____	___ - ___
T bilirubin		_____	___ - ___

ACTH Stimulation test (if adrenal insufficiency is suspected)

Date of test: ___/___/___
Cortisol at 0 minutes (baseline) _____ - _____
Cortisol at 30minutes _____ - _____
Cortisol at 60minutes _____ - _____