

# Glenwood Medical Associates

Enhancing lives through quality, caring and trust

1830 Blake Avenue . Glenwood Springs, CO 81601 . 970.945.8503

<b>PLEASE RETURN THIS PAGE WITHIN 7 DAYS</b>			
<b>Fax to Referral Coordinator 970-945-0253</b>			
Referral Accepted	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Patient Contacted	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Appointment Date	8/13/14	Appointment Time	1:40 PM
Provider or Dr Appointment is With:		Dr. Greenlee	
Person Completing Referral & Contact #:		Ashley 213-2650	

May 27, 2014

**REFERRAL NOTE:** *Please contact patient to schedule appointment.*

**Reason for referral or clinical question:** Possible pituitary dysfunction, chronic steroid use.

**Urgent:**  Yes  No

**Type of referral requested:**

- Evaluation with recommendations for PCP
- Evaluation with ongoing care assumed by specialist
- Evaluation with ongoing care shared between specialist and PCP
- Other:

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Phone:** (970) 269-5111  
**Address:** \_\_\_\_\_  
**Patient Insurance:** Medicaid Claims I  
**Insurance ID:** O337472  
**Employer:** \_\_\_\_\_

**Referral to:** Mary Carol Greenlee MD  
 1212 Bookcliff Ave, Unit 3  
 Grand Junction, CO 81501  
 Office: (970) 263-2650, Fax: (970) 263-2695

*We need notes from Mayo. Also, can Dr Hesse do a brief summary of visits with her glucocorticoid? Please let us know ASAP. Thank you*

**Referring Provider:** Brett M. Hesse MD  
 Glenwood Medical Associates  
 1830 Blake Ave, Glenwood Springs CO, 81601  
 Office: 970-945-8503, Fax: 970-945-0253

Camille M Baldwin DOB:07/04/1967

**FAXED**  
 06/11/14  
 1:11:14

Allscripts



To Be Performed at:

**Western Slope Endocrinology- Dr Carol C**

603 28 1/4 Rd  
Grand Junction, Co 81505  
T: (970)263-2650

To Be Done : 06/10/2014  
Priority: Routine

First Available Provider: N

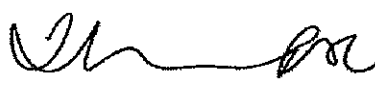
<b>Ordered By:</b> <b>ACCOUNT #:</b> Primary Care Partners Western Colorado Physicians Group 1120 Wellington P.O. Box 10700 Grand Junction, CO 81501 T: (970) 241-6011 F: (970) 241-4650  Provider: <b>Mannlein PA-C, Teph</b>  NPI : 1164426102	 <b>Req #: 4056638</b> Collected Date/Time:
	<b>Patient</b> Rodrigu male, L 3137 D Road Grand Junction, CO 81504 H: (970) 241-6011 M: (970) 241-4650  MRN: <b>1271904</b> Other #: Ref. Prov: <b>Marshall Steel</b> PCP: <b>Steel MD, Marshall</b>  Sex: <b>F</b> DOB: <b>10/23/1995</b> SSN: <b>522-99-5428</b>

<b>Insurance</b> Carrier Code: <b>BCBS of Colorado</b> 700 Broadway Denver, CO 80273 T: (877)833-5742  <b>BillTo: Third Party</b> <b>ICD9: 242.90, 796.4</b>	<b>Responsible Party</b> SSN: DOB:
	<b>Subscriber</b> <b>Quinn, JT, S</b> Relation to Insured: <b>Parent</b> Policy #: <b>HAP843349636</b> Group #: <b>Y05059</b>

SAMPLE

Code	Name	EHR Order ID
<b>Abnormal laboratory test 796.4 ; Overactive thyroid gland 242.90 ;</b>		
<b>Endocrin</b>	Endocrinology Referral Type: <b>Consultation with assumed care for this condition</b>	TW130733010
	Reason: eval and treat for overactive thyroid gland	
*****End of Tests Ordered*****		

**Continued on Next Page**

Authorizing Provider Signature  Date Ordered: 06/10/2014

To Be Performed at:

**Western Slope Endocrinology- Dr Carol C**

603 28 1/4 Rd  
Grand Junction, Co 81505  
T: (970)263-2650

To Be Done : **06/26/2014**  
Priority: **Routine**

First Available Provider: **N**

<p><u>Ordered By:</u> <b>ACCOUNT #:</b> Primary Care Partners Western Colorado Physicians Group 1120 Wellington P.O. Box 10700 Grand Junction, CO 81501 T: (970) 241-6011 F: (970) 241-4650</p> <p>Provider: <b>Holliday MD, Lynn</b>  NPI : <b>1003063314</b></p>	<p> <b>Req #: 4093190</b> Collected Date/Time:</p> <hr/> <p><u>Patient</u></p> <p>MRN: <b>5644100</b> Other #: Ref. Prov: <b>Lynn Holliday</b> PCP: <b>Holliday MD, Lynn</b> Sex: <b>F</b> DOB: <b>04/24/1948</b> SSN: <b>000-11-1111</b></p>
<p><u>Insurance</u> Carrier Code: <b>Medicare Claims</b> PO Box 650705 Dallas, TX 75265- 0705 T: (866)865-5458</p> <p><u>Bill To:</u> <b>Third Party</b> <u>ICD9:</u> <b>278.02</b></p>	<p><u>Responsible Party</u></p> <p>SSN: DOB: T:</p> <hr/> <p><u>Subscriber</u></p> <p>Relation to Insured: <b>Self</b> Policy #: <b>585168994TA</b> Group #:</p>

SAMPLE

Code	Name	EHR Order ID
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<b>Overweight 278.02 ;</b>		
<b>Endocrin</b> 	<b>Endocrinology Referral</b> Type: <b>Consultation with assumed care for this condition</b>	<b>TW131604910</b> 

<b>Continued on Next Page</b>		
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Authorizing Provider Signature Date Ordered: **06/26/2014**

To Be Performed at:

**Western Slope Endocrinology- Dr Carol C**


603 28 1/4 Rd  
Grand Junction, Co 81505  
T: (970)263-2650

To Be Done : **06/26/2014**  
Priority: **Routine**

First Available Provider: **N**

Account #:

Req #:   
4093190

Patient MRN:   
5644100

Primary Care Partners, Western Colorado Physicians Group

Continued From Previous Page

Code	Name	EHR Order ID
	Reason: patient with h/o fibromyalgia, uses lyrica with good success but has had uncontrolled weight gain despite watching diet/seeing nutrition i think it's the lyrica but she has not responded to antidepressant or other forms of pain control well enough to warrant stopping the lyrica recently checked Testosterone, TSH, estradiol, progesterone levels in effort to find something that could explain her weight gain TSH came back at 0 1 so i ordered T3,T4 and thyroid U/S which are pending testosterone level was high - unsure what to make of this if you could help sort out her weight issue and lab results with me that would be so helpful thanks	

End of Tests Ordered

**PROVIDER REFERRAL CONFIRMATION**

<b>REFERRAL CONFIRMATION</b>	Referral Accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No: Explain	
	Appointment Scheduled with:	Date & Time:
	<input type="checkbox"/> Patient refused scheduling <input type="checkbox"/> Patient prefers to contact specialist at a later date	
	Request for additional supporting clinical information (please detail):	
	<input type="checkbox"/> Patient prefers to contact specialist to schedule at a later date.	
	<input type="checkbox"/> Patient declined appointment; Date: _____ Reason: _____	
	<input type="checkbox"/> Patient cancelled appointment on _____ and rescheduled for _____	
	<input type="checkbox"/> Patient cancelled appointment on _____ and did not wish to reschedule.	
<input type="checkbox"/> Patient was NO SHOW for appointment on _____		
Person completing confirmation:		Date of Confirmation:

Authorizing Provider Signature



Date Ordered: 06/26/2014

To Be Performed at:

**Western Slope Endocrinology- Dr Carol C**


603 28 1/4 Rd  
Grand Junction, Co 81505  
T: (970)263-2650

To Be Done : **06/10/2014**  
Priority: **Routine**

First Available Provider: **N**

Account #:

Req #:   
4056638

Patient MRN:   
1271904

Primary Care Partners, Western Colorado Physicians Group

Continued From Previous Page

Code	Name	EHR Order ID
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**PROVIDER REFERRAL CONFIRMATION**

REFERRAL CONFIRMATION

Referral Accepted?  Yes  No: Explain

Appointment Scheduled with:

Date & Time:

Patient refused scheduling  Patient prefers to contact specialist at a later date

Request for additional supporting clinical information (please detail):

*Any office notes or lab work ?*

Patient prefers to contact specialist to schedule at a later date.

Patient declined appointment; Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Patient cancelled appointment on \_\_\_\_\_ and rescheduled for \_\_\_\_\_

Patient cancelled appointment on \_\_\_\_\_ and did not wish to reschedule.

Patient was NO SHOW for appointment on \_\_\_\_\_.

Person completing confirmation:

Date of Confirmation:

Authorizing Provider Signature



Date Ordered: **06/10/2014**

# WSE Referral Processing Sheet

This sheet is the cover for every referral that comes to Western Slope Endocrinology. Please use this sheet to keep track of what stage the referral process is in. Thank you.

- Referral Received **Date:** 6/19/14
- Referral entered into ECW as new patient and documents are scanned into the Patient Docs
- Referral Logged in excel spreadsheet **Date:** 6/19/14
  - o Note: Each step of the referral process may bring new information that will need to be logged, please check the log each time the referral has additions and changes and make the appropriate notations.
- Referral seen by Dr. Greenlee (see notes below) 6-25-14
- Referral Tracking Faxed to Referring Physician (attached) **Date:** \_\_\_\_\_
- Referral Missing/Additional Information – information was requested on tracking form and we are waiting.
  - o **Request Date:** \_\_\_\_\_ **Received Date:** \_\_\_\_\_
- Referral Deferred and referring physician notified, no appointment will be scheduled, log note made.
- Referral Accepted, ready to be scheduled
  - o Acute / Urgent \_\_\_\_\_ **Appointment Date/Time (Same or Next Day)**
  - o **Move Up/Short Call** \_\_\_\_\_ **Appointment Date/Time**
  - o Routine \_\_\_\_\_ **Appointment Date/Time**
  - o Reschedule 1<sup>st</sup> time \_\_\_\_\_ 2<sup>nd</sup> time \_\_\_\_\_ 3<sup>rd</sup> time \_\_\_\_\_
  - o Cancelled 1<sup>st</sup> time \_\_\_\_\_ 2<sup>nd</sup> time \_\_\_\_\_ 3<sup>rd</sup> time \_\_\_\_\_
  - o No Show \_\_\_\_\_
  - o Patient will call when ready to schedule \_\_\_\_\_
  - o Patient declined appointment at this time \_\_\_\_\_
- Diagnosis:** difficult to control
- Referring Doctor:** R. Bell
  - o Note dictated, Date: 7/1/14
  - o Note sent, Date: \_\_\_\_\_

*Need all list done or PMS*

**Notes:** (This section is for Dr. Greenlee to make notes about what steps this referral needs to go through any time she sees it, if you are not sure what the notes are please ask, they are always important.)

4/15/14 4-4-14 UNA (870) Dr. 543  
↑ tip  
3-6-14 A.C. 8-6-8  
acute Lentis 696 fid  
please Wesley 980-2810  
des

Insurance: <u>LHC</u>	DOB: <u>10/5/10</u>	Last Name, First Name: _____
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# WSE Referral Processing Sheet

This sheet is the cover for every referral that comes to Western Slope Endocrinology. Please use this sheet to keep track of what stage the referral process is in. Thank you.

- Referral Received Date: 5/14/14
- Referral entered into ECW as new patient and documents are scanned into the Patient Docs
- Referral Logged in excel spreadsheet Date: 5/14/14
  - o Note: Each step of the referral process may bring new information that will need to be logged, please check the log each time the referral has additions and changes and make the appropriate notations.
- Referral seen by Dr. Greenlee (see notes below)
- Referral Tracking Faxed to Referring Physician (attached) Date: \_\_\_\_\_
- Referral Missing/Additional Information – information was requested on tracking form and we are waiting.
  - o Request Date: \_\_\_\_\_ Received Date: \_\_\_\_\_
- Referral Deferred and referring physician notified, no appointment will be scheduled, log note made.
- Referral Accepted, ready to be scheduled
  - o Acute / Urgent \_\_\_\_\_ Appointment Date/Time (Same or Next Day) \_\_\_\_\_
  - o Move Up/Short Call \_\_\_\_\_ Appointment Date/Time \_\_\_\_\_
  - o Routine 7/3/14 1:40 PM Appointment Date/Time \_\_\_\_\_
  - o Reschedule 1<sup>st</sup> time \_\_\_\_\_ 2<sup>nd</sup> time \_\_\_\_\_ 3<sup>rd</sup> time \_\_\_\_\_
  - o Cancelled 1<sup>st</sup> time \_\_\_\_\_ 2<sup>nd</sup> time \_\_\_\_\_ 3<sup>rd</sup> time \_\_\_\_\_
  - o No Show \_\_\_\_\_
  - o Patient will call when ready to schedule \_\_\_\_\_
  - o Patient declined appointment at this time \_\_\_\_\_
- Diagnosis: \_\_\_\_\_
- Referring Doctor: \_\_\_\_\_
  - o Note dictated, Date: 7-3-14
  - o Note sent, Date: \_\_\_\_\_

**Notes:** (This section is for Dr. Greenlee to make notes about what steps this referral needs to go through any time she sees it, if you are not sure what the notes are please ask, they are always important.)

Self Referral - has Endo in Utah but wants one in GJ because she has other doctors here

Hypothyroidism - followed by NP in Utah

5/21/14 Lvm to schedule

3-19-14 7:54 AM 8:45 AM

2006 0.06

↑ ↓

1 month

1/14/14

1/14/14

1/14/14

Insurance:	DOB: <u>10/25/81</u>	Last Name, First Name: <u>Ko...</u>
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med wt = 145

7/3/14 2-2



# Huddle Sheet

Follow up from Yesterday:

Heads UP for Today:

Urgent calls:

Review for Tomorrow:

Schedule:

Patient Needs:

SAMPLE