

Multidisciplinary Neuroendocrine Clinic
 New Patient Workup:

Patient: _____ DOB: _____ Referring MD: _____

Symptoms/Signs:

| Neurological | Comments |
|----------------|----------|
| Migraines | |
| Vertigo | |
| Memory | |
| Speech | |
| Vision changes | |

| Endocrine | Comments |
|-------------------------------|----------|
| Decreased sex drive | |
| Erectile dysfunction | |
| Excessive sweating | |
| Heat/Cold intolerance | |
| Menstrual irregularity | |
| Breast swelling/discharge | |
| Change in physical appearance | |

Endocrine Labs:

Female

| Test | Level | Date |
|-----------|-------|------|
| FSH | | |
| LH | | |
| Prolactin | | |
| IGF-1 | | |
| GH | | |
| ACTH | | |
| Cortisol | | |
| TSH | | |
| free T4 | | |

Male

| Test | Level | Date |
|--------------|-------|------|
| FSH | | |
| LH | | |
| Testosterone | | |
| Prolactin | | |
| IGF-1 | | |
| GH | | |
| ACTH | | |
| Cortisol | | |
| TSH | | |
| free T4 | | |

MRI:

| Date | Location | Contrast enhanced? |
|------|----------|--------------------|
| | | |

Please fax to (585) 276-2051 to initiate a referral, or call the Neuroendocrine clinic at (585) 273-2343