

- Thorough HPI
- Physical Exam completed by student
- Diagnostic tests completed with results, any treatment that has already taken place
- Outcome of the existing treatment plan
- Specialty patient is being referred to
- Reason for referral i.e., evaluate for Rheumatoid arthritis, etc...
- Actions you are looking to have the Consultant take

“Hi Dr. *name*, this is *name* calling from primary care. I’m referring a 42-year-old Caucasian female with a history of Hashimoto’s thyroiditis and untreated generalized anxiety for a mental health evaluation and treatment recommendations.

She initially presented with a chief complaint of persistent fatigue, which hasn’t improved despite medical management. When she first came in, her TSH was slightly elevated at 5.8 and Free T4 was borderline low at 0.8. Based on that, we adjusted her levothyroxine dose from 75 mcg to 100 mcg daily. Since then, her most recent labs show TSH 2.1 and Free T4 at 1.2, so her thyroid levels are now within range and appropriately treated.

Even with that adjustment and stable levels, her fatigue has not improved. She continues to report significant mental fog, low energy, and difficulty managing daily responsibilities. She also endorses poor sleep, racing thoughts, and frequent worry, especially at night. There’s no true anhedonia or suicidal ideation, but she does report tearfulness, guilt about being less productive, and difficulty concentrating.

She also has mild joint complaints and a positive ANA (speckled, 1:320), along with elevated inflammatory markers — ESR 45, CRP 9.2 — so Rheumatology is now involved to evaluate for possible autoimmune disease. But from a functional standpoint, the emotional component is more prominent at this point.