

OUTPATIENT DIABETES & ENDOCRINOLOGY REFERRAL FORM

Please complete all sections of this form for all **elective** referrals (complete URGENT section only if indicated). You will be notified of the appointment (except for URGENT referrals, in which case we may contact the patient directly, due to time limitations).

Patient Details (place patient label here)

Surname: _____ Given names: _____
 Date of birth: _____ Sex: Male ☐ Female ☐
 Address: _____
 Preferred contact number: Mobile _____ Other _____
 Health card #: _____ Version Code _____ Other province _____
 Language spoken at home: _____ Interpreter required: Yes ☐ No ☐

Clinical Details

Reason for referral / diagnosis: _____

 Relevant history/medications: _____

 Other problems: _____

Please attach any relevant laboratory, pathology, and imaging results.

☐ URGENT ENDO CLINIC REFERRAL – Please justify & Fax: 519.646.6043

(Endo Consultant On Call pager #14267)

- ☐ Newly diagnosed adult with Type 1 diabetes mellitus for insulin start, not requiring admission for diabetic ketoacidosis
- ☐ New onset hyperthyroidism with symptoms
- ☐ Acutely decompensated Type 2 diabetes mellitus with evidence of symptoms and/or metabolic decompensation, i.e. weight loss requiring insulin start
- ☐ Other: please describe and justify: _____

Referring physician details

Surname: _____ Given names: _____
 Physician number: _____
 Telephone number: _____ Fax number: _____
 Doctor's signature: _____ Date: _____

Routine/Elective Referrals, please select requested physician

- | | | | | | |
|---|--------------|--------------------------|---|--------------|--------------------------|
| <input type="checkbox"/> Dr. Kristin Clemens | 519.646.6316 | FAX: 519.646.6212 | <input type="checkbox"/> Dr. Charlotte McDonald | 519.646.6170 | FAX: 519.646.6058 |
| <input type="checkbox"/> Dr. Rob Hegele (at LHSC) | 519.931.5774 | FAX: 519.931.5218 | <input type="checkbox"/> Dr. Ruth McManus | 519.646.6371 | FAX: 519.646.6372 |
| <input type="checkbox"/> Dr. Irene Hramiak | 519.646.6353 | FAX: 519.646.6059 | <input type="checkbox"/> Dr. Deric Morrison | 519.646.6296 | FAX: 519.646.6392 |
| <input type="checkbox"/> Dr. Tisha Joy | 519.646.6296 | FAX: 519.646.6372 | <input type="checkbox"/> Dr. Terri Paul | 519.646.6245 | FAX: 519.646.6067 |
| <input type="checkbox"/> Dr. Selina Liu | 519.646.6370 | FAX: 519.646.6109 | <input type="checkbox"/> Dr. Tamara Spaic | 519.646.6370 | FAX: 519.646.6109 |
| <input type="checkbox"/> Dr. Jeff Mahon | 519.646.6335 | FAX: 519.646.6331 | <input type="checkbox"/> Dr. Stan van Uum | 519.646.6170 | FAX: 519.646.6058 |