

## 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

Consultant	Phone	Fax	Consultant	Phone	Fax
<input type="checkbox"/> Dr. Stan van Uum	519.646.6170	519.646.6058	<input type="checkbox"/> Dr. Selina Liu	519.646.6370	519.646.6109
<input type="checkbox"/> Dr. Tamara Spaic	519.646.6370	519.646.6109	<input type="checkbox"/> Dr. Tayyab Khan	519.646.6241	519.646.6248
<input type="checkbox"/> Dr. Deric Morrison	519.646.6296	519.646.6392	<input type="checkbox"/> Dr. Tisha Joy	519.646.6296	519.646.6392
<input type="checkbox"/> Dr. Ruth McManus	519.646.6371	519.646.6372	<input type="checkbox"/> Dr. Rob Hegele (at LHSC)	519.931.5774	519.931.5218
<input type="checkbox"/> Dr. Charlotte McDonald	519.646.6170	519.646.6058	<input type="checkbox"/> Dr. Kristin Clemens	519.646.6316	519.646.6212
<input type="checkbox"/> Dr. Jeff Mahon	519.646.6335	519.646.6331	<input type="checkbox"/> Dr. Amanda Berberich	519.646.6245	519.646.6067

**No Preference - Please Fax: 519.646.6043**