## C-ENDO DIABETES \& ENDOCRINOLOGY CLINIC REFERRAL FORM

PATIENT INFORMATION (attach patient label)

| Patient Name: | $\square \mathrm{M} \square \mathrm{F}$ |
| :--- | ---: |
| ULI: | DOB: |
| Address: | Postal Code: |
| City, Province: | Home phone: |
| Email: |  |

$\square$
$\square$ Urgent
Reason for Urgency:

Referring Physician Signature: $\qquad$
Date of Referral:

## REFERRING PHYSICIAN INFORMATION

Physician Name $\qquad$
Practice ID:
Clinic Name: $\qquad$
Clinic Address:
Ph: $\qquad$ Fax: $\qquad$

Please Note: We will fax the appointment date and time to your office and notify the patient by phone or letter. The patient may require labs to be completed prior to this appointment and a lab requisition will also be sent to the patient. We require 72 -hour notice for cancellation or rescheduling of appointment.

For triage of referrals please select from the following:

## GENERAL ENDOCRINOLOGY

$\square$ Adrenal
$\square$ Bariatric Matters / Obesity
$\square$ Calcium / Parathyroid
$\square$ Diabetes Management
$\square$ Dyslipidemia
$\square$ Hypertension
$\square$ Osteoporosis
$\square$ Pituitary
$\square$ Reproductive - Female
$\square$ Reproductive - Male
$\square$ Thyroid Disorder
$\square$ Other

## DIAGNOSTIC TESTING

Diagnostic testing services via C-diagnostics (a division of C-health)
24-hour ABPM

- 24-hour ABPM + Hypertension Consult

NOW OFFERING 24-hour ABPM - Booking within 1 week!

