

## C-endo (a division of C-health)

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www.c-health.ca

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

PATIENT INFORMATION (attach patient label)		REFERRING PHYSICIAN INFORMATION
Patient Name: ULI: Address: City, Province: Email:	□M □F DOB: Postal Code: Home phone:	Physician Name: Practice ID: Clinic Name: Clinic Address: Ph:Fax:
Relevant History:		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  Adrenal Bariatric Matters / Obesity Calcium / Parathyroid Diabetes Management Dyslipidemia Hypertension Osteoporosis
☐ Urgent Reason for Urgency:		☐ Pituitary ☐ Reproductive - Female ☐ Reproductive - Male ☐ Thyroid Disorder ☐ Other
		DIAGNOSTIC TESTING  Diagnostic testing services via C-diagnostics (a division of C-health)  □ 24-hour ABPM □ 24-hour ABPM + Hypertension Consult
	ature:	NOW OFFERING 24-hour ABPM – <b>Booking within</b> 1 week!

C-endo Clinic - A centre of excellence committed to comprehensive diabetes and endocrinology care

