C-endo (a division of C-health)
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C-ENDO DIABETES & ENDOCRINOLOGY CLINIC REFERRAL FORM

PATIENT INFORMATION (attach patient label)

Patient Name: ☐M ☐F
ULI: DOB:
Address: Postal Code:
City, Province: Home phone:

REFERRING PHYSICIAN INFORMATION

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.*

☐ Urgent
Reason for Urgency:

Referring Physician Signature:_____
Date of Referral: _____

For triage of referrals please select from the following:

GENERAL ENDOCRINOLOGY

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

C-endo proudly serves your patients' needs by our multi-disciplinary team including Endocrinology, Internal Medicine, Pharmacists and Certified Diabetes Educators

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