

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

**PATIENT INFORMATION** (attach patient label)

Patient Name: \_\_\_\_\_ M F  
 ULI: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ PC: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**REFERRING PHYSICIAN INFORMATION**

Physician Name: \_\_\_\_\_  
 Practice ID: \_\_\_\_\_  
 Clinic Name: \_\_\_\_\_  
 Clinic Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ 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  
 Pituitary  
 Reproductive – Female  
 Reproduction – 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.***

Urgent  
 Reason for Urgency:

  
  
  
  
  

Referring Physician Signature: \_\_\_\_\_  
 Date of Referral: \_\_\_\_\_

*C·endo Clinic — A centre of excellence committed to comprehensive diabetes and endocrinology care*