LMC DIABETES & ENDOCRINOLOGY

Patient Referral Form

○ Barrie ○ Bayview ○ Brampton ○ Etobicoke ○ Markham ○ Oakville ○ Thornhill

PATIENT INFORMATION:

Name: _____ **DOB:** _____
(first name) (last name) (dd/mm/yyyy)

Health Card: _____ **Version Code:** _____ **Uninsured Specify:** _____

Address: _____
(number) (street name) (unit)

(city) (postal code) (e-mail address)

(home #) (work # with extension) (other #)

DIABETES/ENDOCRINOLOGY PLEASE SPECIFY: **The following investigations would be helpful:**

○ Diabetes ○ Type 1 ○ Type 2 ○ GDM	○ FPG, A1C, Lipids, Renal Function, uACR
○ Newly Diagnosed Diabetes Rapid Triage (1-2 weeks)	○ FPG, A1C, Lipids, Renal Function, uACR

○ Consultation & shared care ○ Consultation only

○ Thyroid	○ Thyroid function, Relevant imaging
○ Osteoporosis	○ BMD report <2 years, other relevant labs
○ Lipids	○ TC, LDL, HDL (<3 months), AIC
○ PCOS	○ LH, FSH, estrogen, testosterone, AIC
○ Other (please specify):	

Notes: **Current Medications:**

Referred By: **Referring Physician Billing #:**

Referring Physician Signature:

Date:

New Patient Referrals: **T:** 866.701.ENDO (3636) x450 **F:** 1.877.LMC.APPT (562.2778)
E: referrals@lmc.ca **W:** www.LMC.ca/referrals