



WOMEN'S COLLEGE HOSPITAL 76 Grenville Street
 Toronto, Ontario
 Healthcare | REVOLUTIONIZED M5S 1B2

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ENDOCRINOLOGY REFERRAL FORM

URGENCY: Routine Semi-Urgent Urgent

REFERRAL DATE: / /
 DD / MM / YYYY

PATIENT INFORMATION

(Affix Patient Label/Identification Here)

MRN: _____ HCN: _____
 Name: _____
 Sex: _____ Date of Birth: _____ / _____ / _____
 DD / MM / YYYY
 Address: _____
 Telephone: _____ Alternate #: _____

SPECIFY PHYSICIAN: No (First available) Yes (Dr. _____)

ADDITIONAL PATIENT INFORMATION

Preferred name: _____ WCH Medical Record Number (if known): _____
 Gender: _____ Pronouns: He/Him She/Her They/Them Other: _____
 Other insurance coverage (IFH, UHIP, etc.): _____ Self-pay
 Language spoken: _____ Interpreter required: Yes No

Allergies: _____

REFERRING PROVIDER INFORMATION

Name: _____	Billing #: _____
Address: _____	Signature: _____
Telephone: _____	
Fax: _____	

Referring Provider is not the Primary Care Provider
 Primary Care Provider Name: _____
 Primary Care Provider Telephone: _____

REASON FOR REFERRAL

<input type="checkbox"/> Diabetes ○ Type 1 ○ Type 2 ○ In pregnancy ○ Other: _____ <input type="checkbox"/> Thyroid ○ Hypothyroidism ○ Hyperthyroidism ○ Thyroid nodule(s) ○ Thyroid cancer ○ Thyroid disease in pregnancy	<input type="checkbox"/> Adrenal disease <input type="checkbox"/> Pituitary disease <input type="checkbox"/> Polycystic ovary syndrome (PCOS) <input type="checkbox"/> Primary ovarian insufficiency (POI)/Menopause <input type="checkbox"/> Gender transition <input type="checkbox"/> Turner's syndrome <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Parathyroid/Calcium disorder <input type="checkbox"/> Other: _____
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What is the clinical question or concern? _____

Is the patient pregnant? No/Not applicable Yes: How many weeks? _____

Please attach all relevant results: Hemoglobin A1C _____ TSH _____ Ultrasound
 Bone mineral density Other relevant bloodwork Consultation reports

ADDITIONAL INFORMATION Cumulative patient profile attached

Past medical and surgical history: _____

Current medications (include list): _____

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