ENDOCRINOLOGY REFERRAL FORM

URGENCY: □ Routine □ Semi-Urgent □ Urgent
REFERRAL DATE: / / YYYY

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
□ Diabetes □ Adrenal disease
■ Type 1 □ Pituitary disease
■ Type 2 □ Polycystic ovary syndrome (PCOS)
■ In pregnancy □ Primary ovarian insufficiency (POI)/Menopause
■ Other: __________________________
□ Thyroid □ Gender transition
■ Hypothyroidism □ Turner’s syndrome
■ Hyperthyroidism □ Osteoporosis
■ Thyroid nodule(s) □ Parathyroid/Calcium disorder
■ Thyroid cancer □ Other: __________________________
■ Thyroid disease in pregnancy

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):

Fax Disclaimer: This fax transmission contains confidential information that is intended only for the Women's College Hospital Clinics. If you are not the intended recipient, you are hereby notified that any disclosure, copying or distribution of the contents of this fax is strictly prohibited. If you have received this fax transmission in error, please immediately notify the referring health practitioner at the telephone number provided above to arrange for the return or destruction of this document.