

**Polyclinic - Family Medicine**

2 Champagne Centre

TORONTO, ON, M3J 0K2

Tel: (416) 222-6160

Fax: (416) 222-9604

Fax Cover Sheet

To: Referral
Phone:
Fax: (877) 562-2778

Date: Oct 22, 2025

From: Dr. Anna Slavina (MCI Polyclinic)
Phone: (416) 222-6160
Fax: (416) 222-9604

Number of pages including cover: 7

Patient Name: NIKOLAYENKO, NATALIYA **DOB:** 16/03/1961 (dd/mm/yyyy)

Patient Home Number: (000) 000-0000

Patient Cell Number: (416) 823-9794

Notes:

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REFERRAL FORM

2 Champagne Drive (Champagne Centre), Toronto, ON M3J 0K2

Tel: 416-222-6160

www.polyclinic.ca

hr@polyclinic.ca

PATIENT INFORMATION

Name: NATALIYA NIKOLAYENKO

Tel. Home: (000) 000-0000

Cell: (416) 823-9794

Address: 4645 Jane St #1107

TORONTO

ON

M3N 2K9

DOB: 03 / 16 / 1961

HC#: 7074041901

VC: rl

Referring Physician: Dr. Anna Slavina (MCI Polyclinic)

Provider #: 021788

PLEASE CHECK ALL CONSULTATION AND/OR DIAGNOSTIC SERVICES REQUESTED

SPECIALTY DEPARTMENT UNIT B17 TEL: 416-222-6160 EXT. 268, 269, 277, 278 FAX: 416-645-1978

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Nerve Conduction Study ext 278 | <input type="checkbox"/> Respiriology |
| <input type="checkbox"/> ENT | <input type="checkbox"/> Gynecology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Audio Testing | <input type="checkbox"/> Hepatology | <input type="checkbox"/> Orthopedic Surgery | <input type="checkbox"/> Vascular Surgery |
| <input type="checkbox"/> VNG | <input type="checkbox"/> Fibroscan | <input type="checkbox"/> Plastic Surgery | |

NEUROLOGY DEPARTMENT UNIT B10 TEL: 416-222-6160 EXT. 255, FAX: 416-645-1979

- ☐ Neurology Consult

PDS CARDIAC IMAGING UNIT B10, TEL: 416 222 6160 EXT. 243, FAX: 416 386 1023

Cardiology

- ☐ Cardiology Consult

Cardiac Diagnostic Testing

- ☐ ECG
☐ Echocardiogram
☐ Stress Test
☐ Stress Echocardiogram

Holter Monitor Testing

- ☐ 24 hrs ☐ 48 hrs ☐ 72 hrs
☐ 7 day ☐ 14 day ☐ ABPM

Indications

- ☐ Shortness of Breath
☐ History of MI/Stroke
☐ Angina/Ischemic Heart Disease
☐ Palpitations
☐ Heart Murmur
☐ Dizziness/Lightheadedness
☐ Syncope

- ☐ Hypertension
☐ High Cholesterol
☐ Diabetes
☐ Family history of heart disease
☐ Atrial Fibrillation/Arrhythmias
☐ Abnormal ECG
☐ Other: _____

NORTH YORK ENDOSCOPY CENTRE UNIT B19 TEL: 416-645-5145 FAX: 416-645-1401

- ☐ General Surgery Consult
☐ Gastroenterology Consult

- ☐ Gastroscopy
☐ Colonoscopy

NORTH YORK PULMONARY FUNCTION CENTER UNIT B21 TEL: 416-636-6661 FAX: 416-636-8999

- ☐ Respiratory Consult
☐ Complete PFT

- ☐ Spirometry
☐ Resting Oximetry

- ☐ Methacholine Challenge Testing
☐ Pre/Post Bronchodilator

NORTH YORK SLEEP AND DIAGNOSTIC CENTRE UNIT B15 TEL: 416 642 4232 FAX: 416 642 4234

- ☐ Consultation and Sleep Study ☐ Consultation Only ☐ Sleep Study Only

PDS DIAGNOSTIC IMAGING UNIT B23 TEL: 416-741-2766 FAX: 416-741-6015

- | | | |
|--|--|--|
| <input type="checkbox"/> X-Ray _____ | <input type="checkbox"/> Ultrasound _____ | <input type="checkbox"/> Biopsy _____ |
| <input type="checkbox"/> BMD _____ | <input type="checkbox"/> Vascular Ultrasound _____ | <input type="checkbox"/> Injection _____ |
| <input type="checkbox"/> Mammography _____ | | <input type="checkbox"/> Other _____ |

Name of Physician / NP: _____ end Location: _____

Reason for Referral (Required):

please, eval 64 y/o lady hypothyroidism ;DM-II poor control; s/p x5 stents (cads); thanks

Signature of Referring Physician / NP: _____

Page 1 of 6
 Printed by Imatsyukha Printed On 2025/10/22 10:59

Date: Oct 22, 2025

Polyclinic Referral Form - Ver 24.09.24

| | | | | | |
|----------|-----------------------|------------|----------------|------------|---------|
| Patient | NIKOLAYENKO, NATALIYA | Home Phone | (416) 823-9794 | Work Phone | |
| Health # | 7074041901RL | Sex | F | Patient ID | 3027485 |
| DOB | Mar 16, 1961 | | | | |

Lab Id: 2025-EH2740307
Ordered By: SLAVINA ANNA Reported By: LIFELABS ONTARIO
Collection Date: Oct 01, 2025 9:43 AM Reviewed: Oct 06, 2025 by aslavina
Reported Date: Oct 01, 2025 9:45 AM
Updated On: Oct 06, 2025 8:00 AM

| Flags | Results | Reference Range | Lab Lic # |
|------------------------------|----------------------|--|-----------|
| Clinical Information (Final) | Clinical Information | Copy To physician was not uniquely identified. | 5687 |

Lab - 5687: LifeLabs, 100 International Blvd., Toronto, Ontario

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Ordered By: SLAVINA ANNA Reported By: LIFELABS ONTARIO
Collection Date: Oct 01, 2025 9:43 AM Reviewed: Oct 06, 2025 by aslavina
Reported Date: Oct 01, 2025 4:21 PM
Updated On: Oct 06, 2025 8:00 AM

| Flags | Results | Reference Range | Lab Lic # |
|------------------------------|---------|-----------------|-------------|
| Complete Blood Count (Final) | | | |
| WBC | 7.3 | 4.0 - 11.0 | x E9/L 5687 |
| RBC | 4.73 | 4.00 - 5.10 | x E12/L |
| Hemoglobin | 125 | 120 - 160 | g/L |
| Hematocrit | 0.396 | 0.350 - 0.450 | L/L |
| MCV | 84 | 80 - 100 | fL |
| MCH | L 26.4 | 27.5 - 33.0 | pg |
| MCHC | 316 | 305 - 360 | g/L |
| RDW | 14.0 | 11.5 - 14.5 | % |
| Platelets | 240 | 150 - 400 | x E9/L |
| Neutrophils | 4.4 | 2.0 - 7.5 | x E9/L |
| Lymphocytes | 2.2 | 1.0 - 3.5 | x E9/L |
| Monocytes | 0.5 | 0.2 - 1.0 | x E9/L |
| Eosinophils | 0.1 | 0.0 - 0.5 | x E9/L |
| Basophils | 0.0 | 0.0 - 0.2 | x E9/L |
| Immature Granulocytes | 0.0 | 0.0 - 0.1 | x E9/L |
| Nucleated RBC | 0 | | /100 WBC |

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Updated On: Oct 06, 2025 8:00 AM

| Flags | Results | Reference Range | Lab Lic # |
|-------------------------|---|------------------|-----------|
| Glucose Fasting (Final) | | | |
| Glucose Fasting | H 8.4 | 3.6 - 6.0 mmol/L | 5687 |
| | Fasting Glucose greater than or equal to 7.0 mmol/L after an 8 hr fast can be used as a provisional diagnosis of diabetes mellitus. If asymptomatic, a repeat confirmation test using Fasting Glucose, HbA1c, or 75g OGTT must be done. | | |

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Reported Date: Oct 01, 2025 8:20 PM
Updated On: Oct 06, 2025 8:00 AM

| | Flags | Results | Reference Range | Lab Lic # |
|---|-------|---------|-----------------|-----------|
| Sodium (Final) | | | | |
| Sodium | | 142 | 135 - 145mmol/L | 5687 |
| Lab - 5687: LifeLabs, 100 International Blvd., Toronto, Ontario | | | | |

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Updated On: Oct 06, 2025 8:00 AM

| | Flags | Results | Reference Range | Lab Lic # |
|---|-------|---------|-----------------|-----------|
| Potassium (Final) | | | | |
| Potassium | | 3.7 | 3.5 - 5.2mmol/L | 5687 |
| Lab - 5687: LifeLabs, 100 International Blvd., Toronto, Ontario | | | | |

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| | Flags | Results | Reference Range | Lab Lic # |
|---|-------|---------|-----------------|-----------|
| Alkaline Phosphatase (Final) | | | | |
| Alkaline Phosphatase | | 86 | 35 - 120U/L | 5687 |
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Updated On: Oct 06, 2025 8:00 AM

| | Flags | Results | Reference Range | Lab Lic # |
|---|-------|---------|-----------------|-----------|
| Alanine Aminotransferase (Final) | | | | |
| Alanine Aminotransferase | | 33 | < 36U/L | 5687 |
| Lab - 5687: LifeLabs, 100 International Blvd., Toronto, Ontario | | | | |

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Collection Date: Oct 01, 2025 9:43 AMReviewed: Oct 06, 2025 by aslavina
Reported Date: Oct 01, 2025 5:02 PM
Updated On: Oct 06, 2025 8:00 AM

| | Flags | Results | Reference Range | Lab Lic # |
|-------------------------------|-------|---------|-----------------|-----------|
| Hemoglobin A1c (Final) | | | | |
| Hemoglobin A1C/Total H | | 7.3 | < 6.0% | 5687 |
| Hemoglobin | | | | |

Diabetes Canada 2018 Guidelines:

Screening and Diagnosis:
< 5.5 % Normal
5.5% - 5.9 % At risk
6.0% - 6.4 % Prediabetes
>OR= 6.5 % Diabetes Mellitus***

***Regarding diagnosis: in the absence of symptomatic hyperglycemia, if a single laboratory test result is in the diabetes range, a repeat confirmatory laboratory test (FPG, A1C, 2hPG in a 75 g OGTT) must be done on another day for diagnosis confirmation.

Monitoring: <OR= 7.0 %
Target in adults without comorbidities. Other targets may be more appropriate in children, elderly and patients with comorbidities.

Results may not accurately reflect mean blood glucose in patients with hemoglobin variants, disorders associated with abnormal erythrocyte turnover, severe renal and liver disorders.

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| Flags | Results | Reference Range | Lab Lic # |
|-------------------------------|---|-----------------|-----------|
| Creatinine/GFR (Final) | | | |
| | Creatinine | 81 | 50 - 100 |
| | Glomerular Filtration Rate (eGFR) | 70 | See below |
| | umol/L | | |
| | 5687 | | |
| | Results rule out CKD stage 3-5. Assessment of urine ACR is required to definitively rule out or confirm CKD diagnosis. The KidneyWise toolkit (kidneywise.ca) recommends remeasuring eGFR and urine ACR annually for people with diabetes mellitus and less frequently in others unless clinical circumstances dictate otherwise. | | |
| | Reference interval: =>60 mL/min/1.73m2 | | |
| | eGFR is calculated using the CKD-EPI 2021 equation which does not use a race-based adjustment. | | |

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| Flags | Results | Reference Range | Lab Lic # |
|---------------------------------|--|-----------------|-----------|
| Lipid Assessment (Final) | | | |
| | Hours After Meal | 12 | Hours |
| | Triglyceride | 1.38 | mmol/L |
| | FASTING: <1.70 mmol/L | | |
| | NON-FASTING: <2.00 mmol/L | | |
| | Cholesterol | 3.30 | < 5.20 |
| | Total cholesterol and HDL-C used for risk assessment and to calculate non HDL-C. | | |
| | HDL Cholesterol | L 0.90 | >= 1.30 |
| | HDL-C <1.30 mmol/L indicates risk for metabolic syndrome. | | |
| | Non HDL Cholesterol | 2.40 | < 4.20 |
| | Non HDL-Cholesterol is not affected by the fasting status of the patient. | | |
| | LDL Cholesterol | 1.83 | < 3.50 |
| | LDL-C is calculated using the NIH equation. | | |
| | mmol/L | | |

For additional LDL-C and non-HDL-C thresholds based on risk stratification, refer to 2021 CCS Guidelines. Can J Cardiol. 2021;37(8):1129-1150.
3.7

Cholesterol/HDL
Cholesterol

Cholesterol/HDL-C is not included in the 2021 CCS guideline as a lipid initiation or treatment target but is recognized as an indicator of high CVD risk at Cholesterol/HDL-C ratio >6.0

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Updated On: Oct 06, 2025 8:00 AM

| | Flags | Results | Reference Range | Lab Lic # |
|---|-------|---------|-------------------|-----------|
| Thyroid Stimulating Hormone (TSH) (Final) | | | | |
| Thyroid Stimulating Hormone | | 1.60 | 0.32 - 4.00 mIU/L | 5687 |

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| | Flags | Results | Reference Range | Lab Lic # |
|---|-------|---------|-----------------|-----------|
| C Reactive Protein (Final) | | | | |
| C Reactive Protein | | 4.3 | < 5.0 mg/L | 5687 |
| Test method: Abbott Alinity CRP, suitable for cardiovascular disease assessment and detection of active inflammation. CRP >=2.0 mg/L is a risk-enhancing factor for cardiovascular disease, as defined in the Guidelines of the American Heart Association and the American College of Cardiology (JACC 2019; 74: e177). | | | | |

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