



Diabetes & Endocrinology

Patient Referral Form

Office Locations Brampton • Downtown Toronto • Etobicoke • Guelph • Oakville • Ottawa • Mid-Town Toronto • Scarborough • Vaughan

Patient Name:	McCauley, Amanda Dawn	DOB:	dd/mm/yyyy
Health #:	24/6/1986 (39 yrs) F 547-880-2486 8805807351LV MRN: H3100895	Uninsured specialty:	
Address:	24 GRANGER AVENUE SCARBOROUGH ON M1K 3L2	unit:	
number:			
city:	postal code:	e-mail address - required.	
mobile # - required	home #	work # with extension	

- Consultation & shared care Diabetes Education only Chiropractic Assessment
 Consultation only Optometry Consultation

DIABETES/ENDOCRINOLOGY PLEASE SPECIFY:

Following investigations would be helpful:

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DIABETES/ENDOCRINOLOGY PLEASE SPECIFY:		Following Investigations would be helpful:
<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Urgent		
<input type="checkbox"/> Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> GDM		<input type="checkbox"/> FPG, A1C, Lipids, Renal Function, uACR
<input type="checkbox"/> Newly Diagnosed Diabetes		<input type="checkbox"/> FPG, A1C, Lipids, Renal Function, uACR
<input type="checkbox"/> Thyroid		<input type="checkbox"/> Thyroid Function, Relevant Imaging
<input type="checkbox"/> Osteoporosis		<input type="checkbox"/> BMD report <2 years, other relevant labs
<input type="checkbox"/> Lipids		<input type="checkbox"/> TC, LDL, HDL (<3 months), A1C
<input type="checkbox"/> PCOS		<input type="checkbox"/> LH, FSH, estrogen, testosterone, A1C
<input checked="" type="checkbox"/> Weight Management		<input type="checkbox"/> BMI > 30, OR BMI > 27 with comorbidities
<input type="checkbox"/> Other (please specify):		

*Expect a 5 business day delay in processing referrals. If an assessment is required sooner, we recommend directing your patient to the nearest Emergency Department, or alternatively, my colleagues are of our referring physician's office.

Notes:

Current Medications

Referred Physician Full Name

Dr. Dina Suliman, M.D.

Billing #3213

Wenceslao E. Rueda 109

Physician writing

New Patient Referrals:

T: 1.866.701.ENDO (3636)
E: referrals@lmc.ca

F: 1.877.LMC.APPT (562.2778)
W: www.LMC.ca/referals

146-11-26

Document Information

Referral Request / Referral Report: Referral Form

LMC