

10/24/25, 10:53 AM

McCauley, Amanda Dawn (MRN: H3100895) DOB: 24/8/1986



## Patient Referral Form

☐ Barrie ☐ Brampton ☐ Downtown Toronto ☐ Etobicoke ☐ London ☐ Oakville ☐ Ottawa ☐ Mississauga ☐ Richmond Hill ☐ Scarborough ☐ Vaughan

Patient Name:	McCauley, Amanda Dawn	DOB:	
Health #:	24/8/1986 (39 yrs) F 647-960-2486	Uninsured Specify:	
Address:	8905807351LV MRN: H3100895		
	24 GRANGER AVENUE		
	SCARBOROUGH ON M1K 3L2		

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

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 (<9 months), A1C
<input type="checkbox"/> PCOS	<input type="checkbox"/> LH, FSH, estrogen, testosterone, A1C
<input checked="" type="checkbox"/> Weight Management	<input checked="" 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, try contacting one of our endocrinologists directly.

Notes:	Current Medications:

Referred Physician Full Name:	Dr. Dina Sulaiman, MD Billing: 032330 3030 Lawrence Ave E, Suite 108 Scarborough, ON M1P 2T7 P: 437 783 4343 F: 647 251 4741	Physician Billing #:
Physician Signature:		

New Patient Referrals: T: 1.866.701.ENDO (3636) F: 1.877.LMC.APPT (562.2778)  
 E: referrals@lmc.ca W: www.LMC.ca/referrals

LMC-11-2023

### Document Information

Referral Request / Referral Report: Referral Form

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