

## Endocrinology Referral

Provider Name: \_\_\_\_\_  
 Family Physician: Yes? \_\_\_\_\_ No? \_\_\_\_\_  
 Clinic / Hospital: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Date: \_\_\_\_\_

### Patient Information:

Name: \_\_\_\_\_  
 PHN: \_\_\_\_\_ MHSC# \_\_\_\_\_  Male  
 DOB: (dd/mmm/yy) \_\_\_\_\_  Female  
 Address: \_\_\_\_\_  Other \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Postal code: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home phone # \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Work: \_\_\_\_\_  
 Languages Spoken: \_\_\_\_\_  
 Outpatient  Inpatient – site: \_\_\_\_\_

#### Step 1: Select Endocrinologist:

Earliest Available  
 Dr. Lauren Garbutt  
 Dr. Eyal Kraut  
 Dr. Josef Silha

#### Step 2: Please include the following with a consult letter:

- List of Medications
- Most Recent Lab Results
- Imaging Results

**\*\*Please refer all patients under the age of 16 to a pediatric endocrinologist at HSC\*\***

**Referrals will be triaged by Cardio 1 staff. For prompt booking, please ensure all sections are fully completed.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_