C·endo
Endocrinology, Nutrition, Diabetes and Obesity

C-endo (a division of C-health)
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C-ENDO DIABETES & ENDOCRINOLOGY CLINIC REFERRAL FORM

PATIENT INFORMATION (attach patient label)

Patient Name: ______________________ M F
ULI: ____________________ DOB: __________
Address: ________________________ PC: ________
City: ____________________ Province: __________
Home Phone: ______________ Cell: ____________

REFERRING PHYSICIAN INFORMATION

Physician Name: ____________________________
Practice ID: ________________________________
Clinic Name: _______________________________
Clinic Address: _____________________________
Phone: __________________ Fax: ______________

Relevant History:

Urgent
Reason for Urgency:

Referring Physician Signature: ________________
Date of Referral: ____________________________

Please Note: *We will fax the appointment date and time to your office and notify the patient by phone or letter. The patient may require labs to be completed prior to this appointment and a lab requisition will also be sent to the patient. We require 72-hour notice for cancellation or rescheduling of appointment.*

For triage of referrals please select from the following:

GENERAL ENDOCRINOLOGY

Adrenal
Bariatric Matters / Obesity
Calcium / Parathyroid
Diabetes Management
Dyslipidemia
Hypertension
Osteoporosis
Pituitary
Reproductive – Female
Reproduction – Male
Thyroid Disorder
Other

C-endo proudly serves your patients' needs by our multi-disciplinary team including Endocrinology and Certified Diabetes Educators.

C-endo Clinic — A centre of excellence committed to comprehensive diabetes and endocrinology care

C·health
Global best practices - Applied locally.