The Institute Of
Diabetes & Endocrinology

Phone: **905-231-1829**
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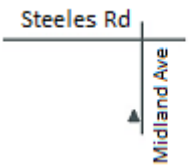
Scarborough, ON, M1V 5K5



300 Rossland Rd East, Suite 202
Ajax, ON, L1Z 0M1

☐ Dr. Tharsan Sivakumar ☐ Dr. Vibushitha Narendra ☐ Dr. Aras Balsys ☐ Dr. Peter Wan

☐ **Endocrinology** ☐ **Respirology** ☐ **Cardiology** ☐ **Internal Medicine**

Patient Information

Name: _____ _____ **D.O.B** (d/m/y) ___ /___ /___
Last First

Health Card #: _____ **Version Code**: ____ **Contact #**: _____

Address: _____

Endocrinology	Cardiology/Respirology	Internal Medicine
☐ Diabetes (☐ Type 1 / ☐ Type 2)	**Cardiology** ☐ Cardiology consultation (chest pain/CHF/arrhythmia/other)	☐ Complex Elderly
☐ Diabetes education	☐ Exercise stress test	☐ Refractory HTN
☐ Thyroid dysfunction	☐ 2D Echocardiogram	☐ Pre-Op Assessment
☐ Thyroid nodules/cancer	☐ Holter monitor	☐ Polypharmacy
☐ Osteoporosis	☐ Ambulatory BP Monitoring	☐ Recent Hospital discharge
☐ Dyslipidemia/Cholesterol Ed.	_____	☐ Renal Insufficiency/CKD
☐ Amenorrhea/PCOS	**Respirology** ☐ Cough ☐ SOB	☐ Bleeding/clotting disorders
☐ Male hypogonadism	☐ COPD ☐ Asthma	☐ COPD/asthma/bronchitis
☐ Other_____	☐ Pneumonia ☐ Smoking	☐ Other_____
	☐ Obstructive Sleep Apnea	
	☐ Pulmonary Hypertension	
	☐ Other_____	
☐ **Urgent** (1-2 weeks)	☐ **Semi Urgent** (2-4 weeks)	☐ **Less Urgent** (4-6 weeks)

Preferred Location: ☐ **Ajax** ☐ Toronto (**Scarborough**) Referring MD Billing # _____

Referring Physician Name: _____ Phone:_____ Fax:_____