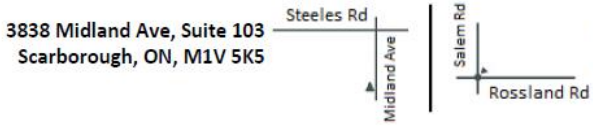
The Institute Of Diabetes & Endocrinology

Phone: 905-231-1829
Fax: 905-231-1849
www.i-endocrinology.com

3838 Midland Ave, Suite 103
Scarborough, ON, M1V 5K5



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

☐ **Dr. Tharsan Sivakumar** ☐ **Dr. Peter Wan**
☐ **Dr. Andrea Providence** ☐ **Dr. Shahzad Qureshi**

☐ **Endocrinology** ☐ **Nephrology** ☐ **Internal Medicine**

PATIENT INFORMATION

Name: _____ _____ **DOB** (DD/MM/YYYY) ___/___/_____
Last Name *First Name*

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

Address: _____

Endocrinology	Nephrology	Internal Medicine
☐ Diabetes ☐ Type 1/ ☐ Type 2	☐ Refractory HTN	☐ Chest pain/ CHF/ Arrythmia
☐ Diabetes Education	☐ Renal Insufficiency/ CKD	☐ Complex Elderly
☐ Thyroid Dysfunction	☐ Hematuria	☐ Pre-Op Assessment
☐ Thyroid Nodules/ Cancer	☐ Nephrolithiasis (recurrent)	☐ Polypharmacy
☐ Osteoporosis	☐ Glomerulonephritis / Renal Vasculitis	☐ Recent Hospital Discharge
☐ Dyslipidemia/ Cholesterol Ed.	☐ Proteinuria	☐ Bleeding/ Clotting Disorders
☐ Amenorrhea/ PCOS	☐ Other _____	☐ COPD/ Asthma/ Bronchitis
☐ Other _____	_____	☐ Other _____
_____	_____	_____
_____	*TO AVOID BOOKING DELAYS* PLEASE INCLUDE ALL RELEVANT RESULTS AND PATIENT MEDICATION LIST WHEN FAXING REFERRALS	_____

☐ URGENT (1-2 WEEKS)	☐ SEMI-URGENT (2-4 WEEKS)	☐ LESS URGENT (4-6 WEEKS)
PREFERRED LOCATION:	☐ AJAX	☐ SCARBOROUGH

REFERRING PHYSICIAN : _____

BILLING #: _____ **PHONE:** _____ **FAX:** _____