



The Institute Of
Diabetes & Endocrinology

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☐ Endocrinology ☐ Nephrology ☐ Cardiology ☐ Internal Medicine

PATIENT INFORMATION

First Name: _____ Last Name: _____

Health Card #: _____ Version Code: _____ DOB (DD/MM/YYYY)

Contact #: _____ Address: _____ / _____ / _____

Endocrinology	Nephrology	Internal Medicine
☐ Diabetes ☐ Type 1/ ☐ Type 2 ☐ Diabetes Education ☐ Thyroid Dysfunction ☐ Thyroid Nodules/ Cancer ☐ Osteoporosis ☐ Dyslipidemia/Cholest Ed. ☐ Amenorrhea/ PCOS ☐ Other _____ _____	☐ Refractory HTN ☐ Renal Insufficiency / CKD ☐ Hematuria ☐ Nephrolithiasis (recurrent) ☐ Glomerulonephritis/ Renal Vasculitis ☐ Proteinuria ☐ Other _____ _____	☐ Chest pain/CHF/Arrythmia ☐ Complex Elderly ☐ Pre-Op Assessment ☐ Polypharmacy ☐ Recent Hospital Discharge ☐ Bleeding/Clotting Disorders ☐ COPD/ Asthma/ Bronchitis ☐ Other _____
☐ URGENT (1-2 WEEKS)	☐ SEMI-URGENT (2-4 WEEKS)	☐ LESS URGENT (4-6 WEEKS)
PREFERRED LOCATION:	☐ AJAX	☐ SCARBOROUGH
REFERRING PHYSICIAN : _____		
BILLING #: _____	PHONE: _____	FAX: _____