Garneau Endocrinology
Suite 201, Garneau Professional Building
11044 82 Ave NW, Edmonton, AB T6G 0T2
Phone: 780-250-4880
Fax: 780-250-4881

Date: ____

REFERRAL FORM

Patient Name: ____

PHN/ULI: ____ DOB (dd/mm/yyyy): ____

Address: ____

Contact Number: ____ Gender: ____

Email: ____

REFERRING PHYSICIAN INFORMATION

Name: ____

Practice ID: ____

Address: ____

Telephone: ____ Fax: ____

REFER TO

☐ Next Available ☐ Dr. S. Cawsey ☐ Dr. J. Jacquier ☐ Dr. S. Kwong ☐ Dr. A. Rogers ☐ Dr. A. Sinclair

☐ ADRENAL ☐ THYROID ☐ DIABETES - TYPE 1 ☐ DIABETES - TYPE 2 ☐ PITUITARY ☐ OTHER

☐ CALCIUM/OSTEOPOROSIS ☐ GENDER ☐ REPRODUCTIVE - MALE ☐ REPRODUCTIVE - FEMALE

RELEVANT HISTORY:

Please include relevant MEDICATIONS, LAB, and IMAGING investigations.

Signature: ____