

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

Date

REFERRAL FORM

Patient Name:

AHN: DOB (dd/mm/yyyy):

Address:

Contact Number: Gender:

Email:

REFERRING PHYSICIAN INFORMATION

Name:

Practice ID:

Address:

Contact Number:

Refer To:

- ☐ ADRENAL ☐ THYROID ☐ DIABETES - TYPE 1 ☐ DIABETES - TYPE 2 ☐ PITUITARY
- ☐ CALCIUM DISORDER ☐ GENDER ☐ REPRODUCTIVE - MALE ☐ REPRODUCTIVE - FEMALE ☐ OTHER

RELEVANT HISTORY:

**Please include relevant MEDICATIONS, LAB, and IMAGING investigations.*

Signature: _____

Print Form