

Internal Medicine Consult Referral Form

Contact Information

Choose from the following:

Option 1

Attach Patient Label

Phone: 403-282-4066

Fax: 587-387-7190

Address: 2004 14 St NW
#204, Calgary, AB T2M 1A6

Urgency:

Routine

Urgent (Please provide reason under "Additional Information*")

Option 2 - Leave blank if above complete

* Please ensure all of the information is complete

Patient Information:

Patient Last Name: _____ Given Name(s): _____

DOB: _____ PHN: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Physician Information:

Physician Name: _____ Phone Number _____ Fax Number _____

PractiseID _____ Facility Name _____ Address _____

City _____ Province _____ Postal Code: _____

Endocrine & Metabolic

- Comprehensive Diabetes Program
 - Medication titration
 - Lifestyle coaching
 - Complication screening (A1C, retinal, foot, renal, CV)
- Type 1 Diabetes
- Type 2 Diabetes
- Latent Autoimmune Diabetes in Adults
- Maturity-Onset Diabetes of the Young
- Post-transplant / steroid-induced diabetes
- Pre-diabetes / impaired glucose tolerance
- Post-gestational diabetes follow-up
- Thyroid disorders (hypo, hyper, nodules)
- Adrenal, pituitary, parathyroid dysfunction
- Dyslipidemia & complex lipid disorders
- Obesity & metabolic syndrome

Cardiovascular

- Hypertension (essential, resistant, secondary)
- Coronary artery disease
- Pre & Peri-operative cardiac clearance

Renal & Electrolyte

- Chronic kidney disease stages 1-4
- Recurrent nephrolithiasis
- Hyponatremia / hypernatremia, acid-base disorders
- Proteinuria & hematuria evaluation

Gastrointestinal & Hepatology

- Non-alcoholic fatty-liver disease (NAFLD) & NASH
- Chronic hepatitis B & C follow-up
- Irritable-bowel syndrome, functional dyspepsia
- Microscopic colitis & mild IBD in remission
- Malabsorption syndromes (celiac, pancreatic insufficiency)

Additional Information & Other Concerns: