

**Internal Medicine Consult
Referral Form****Contact Information****Choose from the following:****Option 1****Phone:** 403-282-4066**Fax:** 587-387-7190**Address:** 2004 14 St NW
#204, Calgary, AB T2M 1A6**Attach Patient Label****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: _____

PracticeID: _____ 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: