



Patient name:		Age:	Gender:
DOB:	Patient address:		
Health card:	Family physician:		
Phone:	Other specialists:		

Referral priority:

Urgent (<1 month)

Non-urgent (1-2 months)

Brief History:

- T2DM – date of diagnosis: _____
- Coronary artery disease/MI
- Peripheral vascular disease
- CVA
- Renal failure/proteinuria

- Peripheral neuropathy
- Amputation
- Severe retinopathy
- History of hypoglycemia

Comorbidities/risk factors:

- HTN
- ETOH
- Cognitive changes
- Hypercholesterolemia
- Smoking
- Physical inactivity

Please send copies of following info:

- Previous consult note
- Current list meds/allergies/intolerances
- Recent lab investigations

Additional comments:

Signature, Date: _____