MICHAEL GARRON HOSPITAL
TORONTO EAST HEALTH NETWORK

Proud member of East Toronto Health Partners

THYROID DIAGNOSTIC ASSESSMENT
CLINIC REFERRAL FORM
TEL: (416) 469-6031 FAX: (416) 469-6458

☐ **Routine** ☐ **Urgent**

Patient ID Label

Patient Last Name:	Given Name:	☐ M ☐ F	Date of Birth: (DD / MMM / YYYY)
Address:	Apt#:		Telephone Number – Primary Number: ( )
Town or City:	Province:	Postal Code:	Telephone Number – Work Number: ( )
Contact Person (Caregiver/Parent/Guardian:	Relationship To Patient:		Telephone Number - Contact Person: ( )
Family Physician:	**Ontario Health Card Number:** Version Code		**Email Address For Virtual Consult:**

Height (cm):	Weight (kgs):	Allergies: ☐No ☐Yes ☐Unknown

Required Questions:	PRIVACY: If we call the patient, can we leave a voice message?	☐No ☐Yes
	WSIB: Is this treatment due to a work related injury?	☐No ☐Yes
	American Sign Language interpreter required?	☐No ☐Yes
	Language interpreter required? - specify:	☐No ☐Yes

Referred To:	☐ **First Available Appointment** (within 14 days) ☐ **OTHNS:** ☐ Dr. Chiodo ☐ Dr. El Masri ☐ Dr. Hubbard ☐ Dr. Eskander ☐ **Endocrinology :** ☐ Dr. Fine ☐ Dr. Fung ☐ Dr. Nicholas ☐ Dr. Lysy	**Referral Date:**

Reason For Referral:	☐ Palpable Thyroid Lump ☐ Assessment ☐ Thyroid Ultrasound Abnormality (Please Attach Reports) ☐ Other (Please Specify): *e.g. neck mass in the vicinity of the thyroid gland*
IMPORTANT! **Please send all pertinent lab reports, mammogram & ultrasound reports.** **If you have scheduled an ultrasound, please record the date of the appointment.**	Investigations To Date: ***Ultrasound and lab (incl. TSH) report(s) are required prior to the consultation appointment date.** ☐ Ultrasound* ☐ TSH Lab Test* ☐ Pathology Reports ☐ Procedures Notes ☐ Consultation Notes ☐ Other Tests:
	Reason for Referral:
	Past Medical History:
	Medications:

Referring Physician:	Physician Name:	
	Telephone Number: ( )	Fax Number: ( )
	Physician's Signature:	Billing#:

Appointment Information:	

We now accept Ocean eReferrals for various clinics. The best way to find Specialist and refer your patients. For more information and to sign-up for your Ocean user account, contact Ontario eHealth at **eReferral@ehealthce.ca**