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

REF

☐ **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 – Secondary Number: ( )
Emergency Contact:	Relationship To Patient:		Telephone Number – Emergency Contact: ( )
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. El Masri ☐ Dr. Eskander ☐ Dr. Hubbard ☐ Dr. Kwinter ☐ Dr. Li ☐ **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 ☐ Procedure 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:	

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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**