

St. Michael Hospital
Division of Endocrinology & Metabolism
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ENDOCRINOLOGY REFERRAL

<p>Requesting Health Care Provider</p> <p>Name:</p> <p>Address:</p> <p>Phone Number:</p> <p>Fax Number:</p> <p>Billing Number:</p>	<p>Patient Information (as per OHIP card)</p> <p>Last Name:</p> <p>First, Middle Name:</p> <p>Preferred Name:</p> <p>DOB:</p> <p>Sex: M <input type="radio"/> F <input type="radio"/> Other <input type="radio"/></p> <p>Address:</p> <p>Phone Number:</p> <p>HCN: Version:</p> <p>St. Michaels MRN (J#) (if applicable):</p>
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Specific Provider (if applicable): _____
 (Note: referrals are triaged centrally: if the case is outside the area of focus of your preferred provider, the referral will be re-directed)
 OR, tick box if you would like the patient booked with the **first available provider**

Reason for referral: (provide as much detail as possible)

Urgent; **please indicate reason for urgency:** _____

Please attach all relevant laboratory results and imaging to the referral. (If not included, the referral may be declined)

Refer to page 2 (reverse) for referral criteria.

Endocrine Issue	Priority given to those with:
Weight loss	Identified endocrine abnormality: <ul style="list-style-type: none"> - TSH < 0.35 (or lower limit of laboratory reference range) - 8 am cortisol < 500 nmol/L - BG > 12 mmol/L <i>*Refer to diabetes clinic</i>
Weight gain/obesity*	Endocrine causes of weight gain/obesity: <ul style="list-style-type: none"> - ↑ cortisol (urinary cortisol > upper limit of laboratory reference range, or 1 mg overnight dexamethasone test cortisol > 50 nmol/L) - Hypothyroidism (not on treatment) - Concern for insulinoma Concurrent Diabetes <i>*Refer to diabetes clinic</i> <i>*Suggest referral to dedicated weight management program for multi-disciplinary approach and to explore treatment options. We do not have such a program at St. Michael's Hospital</i>
Thyroid nodule*	Nodules meeting TIRADS criteria for biopsy: <div style="border: 1px solid black; border-radius: 50%; padding: 10px; margin: 10px auto; width: fit-content;"> <p style="text-align: center;">Larger nodule(s) suspicious for thyroid cancer on US</p> <p style="text-align: center;">TR3 (Mildly Suspicious) ≥ 2.5cm, or TR4 (Moderately suspicious) ≥ 1.5cm, or TR5 (Highly Suspicious) ≥ 1cm</p> </div> <i>*Suggest ultrasound examination reported using the TIRADS classification system if not done</i> <i>- If only follow up ultrasound examinations are required, we recommend that the family doctor orders the ultrasound follow-up as per report</i> <i>- CCOThyroidDiagnosisPathway.pdf (cancercareontario.ca)</i>
Fatigue*	Identified endocrine abnormality: <ul style="list-style-type: none"> - TSH > upper limit of laboratory reference range - Low T4 (central hypothyroidism) - Calcium > upper limit of laboratory reference range - Diabetes <i>*Refer to diabetes clinic</i> - 8 am cortisol < 500 nmol/L <i>*https://www.cmaj.ca/content/cmaj/174/6/765.full.pdf</i>
Female reproductive	Oligo/amenorrhea due to identified endocrine abnormality: <ul style="list-style-type: none"> - PCOS - Hyperprolactinemia - Thyroid dysfunction - Estrogen deficiency
Pregnancy	Hypothyroidism (TSH > upper limit of trimester-specific laboratory reference range) Hyperthyroidism (TSH < lower limit of trimester-specific laboratory reference range) Diabetes (<i>*refer to Diabetes in Pregnancy Clinic T: 416.867.7421 F: 416.867.3742</i>)
Male hypogonadism	-unequivocally low morning, fasting total testosterone (repeated twice for confirmation) with symptoms of sexual dysfunction -patients with known diabetes and erectile dysfunction relating to diabetic neuropathy (<i>*Refer concurrently to urology</i>) -If confirmed, order LH, FSH, prolactin to expedite work-up <i>*Given the lack of specificity of symptoms, a consultation would be unlikely beneficial in a patient with symptoms and a normal total testosterone and alternative non-endocrine causes should be explored in these cases (urologic, neuropathic) as well as referral to a Men's Health Clinic</i>

Please note:

- We ask that patients come into our office for their appointments so we can thoroughly assess their needs.
- We recognize that patients may live out of the GTA. If they are unable to come into the office for their health care needs, we urge you to find a local care provider, where available.
 - There are occasions where referrals for virtual care will be accepted (e.g. requirement for tertiary level care).
- Second opinions may be considered if unique circumstances (e.g. highly specialized care).
- Criteria may NOT apply to pregnant patients or perioperative patients delivering or undergoing surgery at St. Michael's Hospital.