geode

Specialty care in general endocrinology, obesity, and diabetes

Clinic phone 587-406-3355
Monday to Friday, 8 to 4

Fax referrals to 587-882-7900

Patient name _____

Date of birth _____

Personal health number (PHN) _____

Patient phone _____

Patient email _____

Referring practitioner _____

PRAC ID and billing number _____

Clinic phone and fax _____

Reason for referral

Check all that apply, and send what each one asks for.

- ☐ **Obesity**
- ☐ **Complications after bariatric surgery**
  - ☐ Hypoglycemia
  - ☐ Iron deficiency
  - ☐ Other: _____
- ☐ **Lipedema diagnosis**
- ☐ **Lipedema management**
- ☐ **Diabetes**
  Please include type of diabetes, current medications, recent A1C, and any urgent concerns such as new diagnosis of type 1 diabetes, frequent hypoglycemia, or recent DKA
  Note: We cannot accept referrals for diabetes in pregnancy
  - ☐ Insulin pump therapy referral
- ☐ **Thyroid disorders**
  - ☐ Hyperthyroidism
    Please include recent TSH, Free T4 and current medications (required)
    Please include TSH receptor antibody and thyroid scan results (if completed)
  - ☐ Hypothyroidism
    Please include recent TSH and current medications (required)
    Note: We do not see patients for hypothyroidism with a normal TSH. MD to MD advice can be offered through Alethea or via telephone
  - ☐ Thyroid nodules
    Please include recent TSH and thyroid ultrasound (required)
    Note: Patients with pathology confirming thyroid cancer or a history of thyroid cancer should be redirected to the Cross Cancer Institute
- ☐ **Metabolic bone disease/osteoporosis**
  Please include treatment history and fracture history (required)
  Fractures within the last year are triaged more urgently
- ☐ **Adrenal**
  - ☐ Adrenal insufficiency
    Please include AM cortisol (if completed)
  - ☐ Adrenal adenomas
    Please include recent imaging (if completed)
- ☐ **Pituitary**
  Please include recent imaging (if completed)
  Please include relevant surgical history, if applicable
- ☐ **PTH/calcium disorders**
  Please include recent Calcium, PTH, Creatinine and Vitamin D (required)
- ☐ **Female reproductive disorders**
  Please indicate date of last menstrual period (required)
  Oligomenorrhea/Amenorrhea: Please include FSH, LH, estradiol, TSH, fasting prolactin (required)
  Note: We do not see patients for management of menopause or perimenopause
- ☐ **Male reproductive disorders**
  Note: We do not accept referrals for testosterone. MD to MD advice can be offered through Alethea or via telephone
- ☐ **Hypoglycemia in patients without diabetes**
  Please include reported glucometer (not CGM) readings
  A few reported readings are enough; no printout needed

Additional history

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Signature and date

_____

GEODE, Centre 104, Suite 501, 5241 Calgary Trail NW, Edmonton, AB T6H 5G8