C·endo is now
WELL Health | DIAGNOSTIC CENTRES

1016 68 Ave SW, Suite 240
Calgary, AB T2V 4J2
T: (403) 705-3636 | F: (403) 705-2636
WELLdiagnostics.ca

DIABETES & ENDOCRINOLOGY CLINIC REFERRAL FORM

PATIENT INFORMATION (attach patient label)

Patient Name: ☐M ☐F
ULI: DOB:
Address: Postal Code:
City, Province: Home phone:

REFERRING PHYSICIAN INFORMATION

Physician Name:
Practice ID:
Clinic Name:
Clinic Address:
Ph: Fax:

Relevant History:

Please Note: *We will fax the appointment date and time to your office and notify the patient by phone or letter. The patient may require labs to be completed prior to this appointment and a lab requisition will also be sent to the patient. We require 72-hour notice for cancellation or rescheduling of appointment.*

☐ Urgent
Reason for Urgency:

Referring Physician Signature:
Date of Referral:

For triage of referrals please select from the following:

GENERAL ENDOCRINOLOGY

- ☐ Adrenal
- ☐ Bariatric Matters / Obesity
- ☐ Calcium / Parathyroid
- ☐ Diabetes Management
- ☐ Dyslipidemia
- ☐ Hypertension
- ☐ Osteoporosis
- ☐ Pituitary
- ☐ Reproductive - Female
- ☐ Reproductive - Male
- ☐ Thyroid Disorder
- ☐ Other

We proudly serve your patients' needs by our multi-disciplinary team including Endocrinology, Internal Medicine, Pharmacists and Certified Diabetes Educators