



Adult Diabetes Clinic Referral

Medicine Treatment Clinic
Phone: 705-728-9090 Ext: 23300
Fax: 705-797-2960

PATIENT NAME: _____
DOB: _____
HRN: _____
Phone Number: _____
Email Address: _____

Endocrinologist

- Dr. Alexa Clark
- Dr. Jake Zamora
- No preference/ First available

Purpose for Referral (select all that apply)

- New Diagnosis Medical Optimization
- Type 1 Diabetes Type 2 Diabetes Gestational Diabetes Other: _____
- Symptomatic Hyperglycemia Hypoglycemia Insulin Pump

Most recent A1C: _____

Current Diabetes Medications:	Other Medications (preference for typed attached document):

Past Medical History (preference for typed attached document):

Additional Comments:

Signature of Referring Physician/ NP: _____ Date: _____

Referring Physician/ NP Name (Print): _____ Billing Number: _____

Physician/NP Office Phone: _____ Office Fax: _____

For RVH Office Use:
Triage By: _____ Date: _____
Action Plan: _____

