

NOTE: Incomplete and / or unsigned requisitions will be returned

PLEASE PRINT CLEARLY
OR AFFIX LABEL WITH COMPLETE INFORMATION

MARKHAM STOUFFVILLE HOSPITAL CORPORATION

**PAEDIATRIC LIFESTYLE &
NUTRITION CLINIC REFERRAL**

Markham Site Booking Line: **(905) 472-7534**

Please Fax To: **(905) 472-7535**

- Family Centred Counselling (2 - 12 yrs)
- Family/Individual Teen Counselling (13 - 17 yrs)

Patient Name: _____		
Last	First	
Date of Birth: _____	Sex: F M	
Day	Month	Year
Health Card # _____	Version Code: _____	
Address: _____ Postal Code: _____		
Telephone # (Best Daytime): _____		
Alternate #: _____		
Family Physician: _____		

Date	Referring MD	Signature
Billing #	Telephone	Fax
Address		City
		Postal Code
Additional Reports to:		
Parent/Guardian/Contact		Phone #
Secondary Parent/Guardian/Contact		Phone #
Spoken Language if other than English. Please bring translator to the appointment if required.		

Physical Exam				
Weight (kg)	Height (cm)	BMI	%ile	BP

Please attach growth data (growth charts) AND any relevant tests or bloodwork

<input type="checkbox"/> Fasting glucose	<input type="checkbox"/> Lipid profile (non-fasting)	<input type="checkbox"/> Ferritin	<input type="checkbox"/> ALP	<input type="checkbox"/> T4
<input type="checkbox"/> HgbA1C	<input type="checkbox"/> CBC	<input type="checkbox"/> Urine analysis	<input type="checkbox"/> ALT	<input type="checkbox"/> TSH

Medical Comorbidities

<input type="checkbox"/> GERD	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Dyslipidemia	<input type="checkbox"/> Pre-diabetes
<input type="checkbox"/> PCOS	<input type="checkbox"/> Asthma	<input type="checkbox"/> NAFLD	<input type="checkbox"/> Type II diabetes
<input type="checkbox"/> Sleep apnea	<input type="checkbox"/> Orthopedic problem	<input type="checkbox"/> Microalbuminuria	<input type="checkbox"/> Acanthosis Nigricans
<input type="checkbox"/> ADHD	<input type="checkbox"/> Impaired glucose tolerance	<input type="checkbox"/> Impaired fasting glucose	<input type="checkbox"/> Mental health issues

Current Medications

Additional Information

Patient and at least 1 parent must be able to attend appointments
Incomplete or illegible referrals will be returned to your office.

