Internal Medicine
Dr. Padma Naidu

DR. PADMA NAIDU
INTERNAL MEDICINE

Phone 519-948-8000
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Fax to 519-948-9191

PATIENT REFERRAL FORM

REFERRAL REASON FOR CONSULT

DIABETES MANAGEMENT REFERRAL

Specialists & Multi-Disciplinary Team Approach

Type 1 Diabetes   Type 2 Diabetes   Using Insulin Pump

WEIGHT MANAGEMENT OBESITY

Adults > 18 Years with a BMI between 27 to 30 ______________ Please indicate BMI

OR

Adults > 18 Years with a BMI > 30 ______________ Please indicate BMI

BMI calculator: www.nhlbi.nih.gov/guidelines/obesity/BMI/bmi-m.htm

Anemia	Weight Management	Chest Pain NYD
Pre-Operation Consultant	Medical Consultant	IV iron for iron deficiency Anemia
Thrombocytopenia	Leukocytosis	Hematology

REQUESTED ACTION - PLEASE COMPLETE

Confirm and/or advise as to diagnosis	Suggest medication or management

Other:

REQUESTED TEST - PLEASE COMPLETE

Body Composition Analysis	Exercise Stress Test
Holter	Bone Marrow Biopsy
Loop Monitor	EKG

Documentation Attached - Blood work, Microbiology, Diagnostic Imaging, Discharge summaries, Pathology

Other:

PATIENT INFORMATION - PLEASE COMPLETE

Last Name:	First:	M F
Home Address:	City:	Postal Code:
Home Phone: Alternate Phone:	Date of Birth:	
OHIP Number: (Must have valid Ontario Health Card)	Email Address:	

REFERRING PHYSICIANS INFORMATION - PLEASE COMPLETE

Referring Physician:	Billing Number:
Address:	
Backline Number:	Fax Number:
Physician's Signature Required:	Date of referral:

Please Note: Our office will contact your patient with **an appointment date and time**.
All consult notes will be sent to your office via fax after each patient visit.

PLEASE SEND ALL REFERRALS TO FAX LINE: 519-948-9191

Please fax completed form to 519-948-9191