



# Niagara Diabetes and Endocrinology Clinic

277 Welland Ave, Unit # 11, St. Catharines, Ontario, L2R 2P7  
Phone: 289-480-0192 Fax: 905-938-5333 www.DiabetesNiagara.ca referrals@DiabetesNiagara.ca

Diabetes Referral	Endocrinology Referral	
<input type="radio"/> <b>1st Available</b> -----Or Specify Physician----- <input type="radio"/> <b>Dr. Andrea Delrue</b> <input type="radio"/> <b>Dr. Gillian Mazzetti</b> <input type="radio"/> <b>Dr. Anasuiya Surendran</b> <input type="radio"/> <b>Dr. Sameerah Siddiqui</b>	<input type="radio"/> <b>1st Available</b> <input type="radio"/> <b>Dr. Gillian Mazzetti</b> <input type="radio"/> <b>Dr. Anasuiya Surendran</b>	
	<input type="radio"/> Parathyroid <input type="radio"/> Pituitary <input type="radio"/> Osteoporosis	<input type="radio"/> Hypothyroid <input type="radio"/> Hyperthyroid <input type="radio"/> Thyroid Nodule <input type="radio"/> PCOS <input type="radio"/> Hypogonadism <input type="radio"/> Other
<b>For Diabetes Referrals Check all that apply:</b>		
<input type="radio"/> Type 1 <input type="radio"/> Type 2	<input type="radio"/> Gestational <input type="radio"/> Pregnant	<input type="radio"/> New Diagnosis <input type="radio"/> Frequent Hypoglycemia <input type="radio"/> Recent DKA <input type="radio"/> Steroids <input type="radio"/> Insulin Pump
<b>Reason for Referral</b>		
<b>PATIENT INFORMATION – PLEASE COMPLETE</b>		
Patient's Last Name: _____ First: _____		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
Home Address: _____	City: _____	Postal Code: _____
Email Address: _____	Home Phone: _____	Mobile Phone: _____
Date of Birth: _____	OHIP Number: _____	
<b>REFERRING PHYSICIAN - PLEASE COMPLETE</b>		
Referring Physician (PRINT) _____	Backline Number: _____	
Address: _____	Fax Number: _____	
Physician Signature: _____	CC to Family Doctor (if different): _____	
Billing Number: _____	Family Doctor Phone: _____	

**PLEASE FAX ALL REFERRALS TO: 905-938-5333**  
For Urgent Referrals call phone#: 289-480-0192



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The Emergency Department has made a referral for you to The Niagara Diabetes and Endocrine Clinic. This is the joint practice of doctors Delrue, Siddiqi and Mazzetti. They specialize in Diabetes management, as well as other endocrine disorders (thyroid, parathyroid, pituitary, PCOS and other disorders). The office is located at 277 Welland Ave, Unit 11, in St Catharines. Please see the map below.

The office will contact you within the next few days to set up an appointment. If you do not hear from them, for any reason, please make sure you call the office at 289-480-0192 or email them at [referrals@DiabetesNiagara.ca](mailto:referrals@DiabetesNiagara.ca)

On the day of the appointment, make sure you bring your health card, all your medications, the name of your family doctor and any other relevant document that you might have.

Seeing a specialist does not replaced the care you receive from your family doctor. He or she is the central person in your healthcare. Make sure you book a follow up appointment with your family doctor. If you do not have one, you can call **Healthcare Connect Ontario at 1-800-445-1822**. The city of St Catharines provides similar information on their website [www.stcatharines.ca](http://www.stcatharines.ca) or by calling 905.359.6043. Walk in clinics do not fulfill the role played by your family doctor.

If before your appointment you think you are getting worse, please return to the Emergency Department for reassessment. Please call 911 if you think you are having a life-threatening emergency.

