

DR. ANDREA DELRUE MD, FRCPC
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DIABETES REFERRAL

Please Choose:

1st Available Appointment

— or —

Specific Physician:

Dr. Delrue

Dr. Siddiqui

Check all that apply:

Type 1 Diabetes

Type 2 Diabetes

Diabetes in Pregnancy

Diabetes, Unknow Type

Other (specify): _____

Insulin Pump

New Diagnosis of Diabetes

Recent DKA

Hypoglycemia

Is there any other relevant information you think we should have?

** Please send any recent laboratory results (HbA1C, Lipid Profile, Urine Microalbumin, Creatinine)*

** Please include most recent medication (list or attach) and include any past diabetic therapies.*

PATIENT INFORMATION - PLEASE COMPLETE

Patient's Last Name:

First:

Mr. Mrs. Ms.

Home Address:

City:

Postal Code:

Email Address:

Home Phone:

Mobile Phone:

Date of Birth:

OHIP Number:

REFERRING PHYSICIAN - PLEASE COMPLETE

Referring Physician (PRINT) _____

Backline Number: _____

Address: _____

Fax Number: _____

Physician Signature: _____

CC to Family Doctor (if different): _____

Billing Number: _____

Family Doctor Phone: _____

Please Note: Our office will contact your patient with an appointment date and time
 Call or email us if you would like any information at anytime. Contact us at referrals@avivamedical.com
 or at the numbers below. All consult notes will be sent to your office via fax

** Copies of this Referral form can be downloaded on our website at www.avivamedical.com*

PLEASE FAX ALL REFERRALS TO OUR TOLL FREE BOOKING LINE: 1-855-210-0758
 Niagara Health Care Centre: 180 Vine St. S, Suite 306 (3rd flr) • St. Catharines, ON L2R 7P3

*** For URGENT referrals please call ***

TOLL FREE MAIN LINE: 1-855-210-0757 • TOLL FREE BACK LINE: 1-855-210-0707 (EXT 511)