



DT9250

ADULT ENDOCRINOLOGY CONSULTATION

Note: Refer to the clinical alerts on the back of the form and favor, if available, the protocols of the Accueil Clinique before filling it out.

Patient's first and last name			
Health insurance number		Year	Month
		Expiry	
Parent's first and last name			
Area code	Phone number	Area code	Phone number (alt.)
Address			
Postal code			

Reason for consultation **Clinical priority scale:** **A: ≤ 3 days** **B: ≤ 10 days** **C: ≤ 28 days** **D: ≤ 3 months** **E: ≤ 12 months**

Prerequisite: Attach laboratory and medical imaging reports for all consultation purposes.

Thyroid	Hyperthyroidism (TSH ↓)	<input type="checkbox"/> Free T4 > 2X upper limit of normal	B	Adrenals	<input type="checkbox"/> De novo adrenal insufficiency without hemodynamic instability (<i>Prerequisite: 8 AM cortisol</i>)	B		
		<input type="checkbox"/> Elevated free T4 ≤ 2X upper limit of normal	C		<input type="checkbox"/> Hypercortisolism (<i>Prerequisite: 24 h urine free cortisol (if on estrogens) or 1 mg dexamethasone suppression test³</i>)	C		
		<input type="checkbox"/> Normal free T4 (and normal T3 if measured)	E		Adrenal nodule (<i>Prerequisite: see reverse⁴</i>)	<input type="checkbox"/> ≥ 4 cm or suspicious radiologic features or elevated catecholamines or metanephrines	C	
	Thyroid Nodule ¹ (<i>Prerequisite: TSH</i>)	<input type="checkbox"/> Associated with recent dysphonia or suspicious adenopathy	B		<input type="checkbox"/> < 4 cm without suspicious radiologic features or abnormal lab tests	D		
		<input type="checkbox"/> Suspicious ultrasound features ² or > 4 cm	D	Phosphates and calcium/bones	<input type="checkbox"/> Osteoporosis ¹	E		
		<input type="checkbox"/> Other solid or mixed nodules ≥ 1cm at ultrasound	E		Hypercalcemia (<i>Prerequisite: corrected total calcium</i>)	<input type="checkbox"/> Ca < 3 mmol/l	D	
Diabetes¹	<input type="checkbox"/> De novo suspected type 1 diabetes without acidosis and without ketonuria		B			<input type="checkbox"/> Ca 3 to 3,5 mmol/l	B	
	Treated diabetes	<input type="checkbox"/> With hypoglycemia necessitating third party assistance	C			Hypocalcemia (<i>Prerequisite: corrected total calcium</i>)	<input type="checkbox"/> Ca 1,6 to 1,9 mmol/l minimal or no symptoms	B
		<input type="checkbox"/> HbA1c > 12%	C				<input type="checkbox"/> Ca > 1,9 mmol/l	D
		<input type="checkbox"/> HbA1c 9-12%	D		Pituitary	Pituitary tumors	<input type="checkbox"/> With visual symptoms	B
<input type="checkbox"/> HbA1c < 9%	E			<input type="checkbox"/> Without visual symptoms		D		
	For a reference to the Centre du diabète régional ¹ , fill in the specific form if available				<input type="checkbox"/> Hyperprolactinemia (2 abnormal lab tests)	D		
Gonades	<input type="checkbox"/> Hirsutism without virilization		E	Pregnancy	<input type="checkbox"/> Diabetes, thyroid disease or other endocrinopathy in pregnancy ¹	C		
	<input type="checkbox"/> Oligo/amenorrhea (e.g. Polycystic ovaries syndrome)		E		<input type="checkbox"/> Pre-gestational evaluation of woman with diabetes	D		
	Male hypogonadism (<i>Prerequisite: 2 low testosterone levels (before 10 AM)</i>)	<input type="checkbox"/> ≤ 50 years old		D				
		<input type="checkbox"/> > 50 years old		E				
<input type="checkbox"/> Hypogonadism causing infertility (male and female)			D					
<input type="checkbox"/> Gynecomastia of recent onset (less than 6 months)			D					

<input type="checkbox"/> Other reason for consultation or clinical priority modification (MANDATORY justification in the next section):	Clinical priority
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Suspected diagnosis and clinical information (mandatory)	If prerequisite is needed :
	<input type="checkbox"/> Available in the QHR
	<input type="checkbox"/> Attached to this form

Special needs:		Stamp
Referring physician identification and point of service		
Referring physician's name	Licence no.	
Area code Phone no.	Extension Area code Fax no.	
Name of point of service		
Signature	Date (year, month, day)	
Family physician: <input type="checkbox"/> Same as referring physician <input type="checkbox"/> Patient with no family physician		Registered referral (if required)
Family physician's name		If you would like a referral for a particular physician or point of service
Name of point of service		

Legend

- ¹ Refer to the appropriate specialized clinic if available in your region (e.g. High risk pregnancy clinic, Gestational Diabetes clinic, Diabetes center, Life habits change program, Thyroid nodules clinic, etc.)
- ² Suspicious ultrasound features: Thyroid nodule with microcalcifications, irregular margins, marked hypoechogenicity or TI-RADS 4b or 5 (the list is not complete)
- ³ Suppression test: prescribe dexamethasone 1 mg to take at 11 PM and 8 AM cortisol test the next morning (normal < 50 nmol/l)
- ⁴ Prerequisite for adrenal nodule: 24 hour urinary catecholamines and metanephrines and 1 mg dexamethasone at 11 PM suppression test. If hypertension or hypokalemia, add aldosterone/renin ratio

For the following reason, communicate with endocrinologist on call in your area:

- De novo suspected type 1 diabetes without acidosis but with ketonuria

Clinical alerts (non-exhaustive list)

Refer the patient to the Emergency-department

- Diabetic ketoacidosis
- Pituitary apoplexia
- Hypercalcemia with corrected calcium > 3,5 mmol/l
- Very symptomatic hypocalcemia or corrected calcium < 1,6 mmol/l
- Adrenal insufficiency with hemodynamic instability
- Suspicion of pheochromocytoma with hemodynamic instability
- Thyroid storm