



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.**

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

<b>Suspected diagnosis and clinical information (mandatory)</b>	<b>If prerequisite is needed :</b>
	<input type="checkbox"/> Available in the QHR
	<input type="checkbox"/> Attached to this form

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

## Legend

- <sup>1</sup> 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.)
- <sup>2</sup> Suspicious ultrasound features: Thyroid nodule with microcalcifications, irregular margins, marked hypoechogenicity or TI-RADS 4b or 5 (the list is not complete)
- <sup>3</sup> Suppression test: prescribe dexamethasone 1 mg to take at 11 PM and 8 AM cortisol test the next morning (normal < 50 nmol/l)
- <sup>4</sup> 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