



Northern Alberta Endocrine Surgery Centre Referral Form

Patient Demographics

Name: _____ DOB: _____

ULI: _____ Gender: Male Female

Medical Information

1 Diagnosis I:

- Thyroid nodule
- Thyroid hyperfunction
- Parathyroid
- Adrenal
- Neuroendocrine tumour

2 Diagnosis II:

- Suspected / confirmed cancer
- Compromised airway
- Symptomatic:
 - airway obstruction
 - bowel obstruction
 - kidney stones
 - hypertensive crisis

3 Abnormal Lab Values:

- TSH
- PTH
- Cortisol
- ACTH

4 Investigations done:

- U/S neck Date: _____
- U/S abdomen Date: _____
- CT scan Date: _____
- MRI Date: _____
- Sestamibi scan Date: _____

5 Mobility:

- Living independently
- Requires assistance

6 Hospitalization within last 6 months?

Yes No

Location: _____

Date: _____

7 Referring Physician: _____

Contact Number: _____

8 Additional Information:

Fax completed form to 780-407-2729. Thank you.