McMaster Pediatric Endocrinology Outpatient Clinic Referral form for:

## McMaster Children's Hospital

## **Cushing Syndrome**

Dear referring physician or nurse practitioner,

- Please print and complete this page then fax back with the completed referral.
- Please review the following checklist to ensure that all information is available for more efficient triaging and shorter wait times for your patient.
- Please only send this completed application once results for all required investigations are available. Referrals with pending results will not be triaged until results are available.

Consult endocrinology when (please check box that applies to your patient):
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Physical features of Cushing syndrome (sudden and severe obesity, round facies, dorsal far pad, deep violaceous striae, proximal muscle weakness, altered mood/behaviour)
AND
[ ] growth failure as evidenced by a poor height growth velocity
Investigations Required:
Previous growth chart (height & weight & BMI percentile) on a WHO or CDC growth chart (computer generated growth chart from EMR not accepted)
[ ] 24 hour urinary free cortisol x 2 [ ] If child not toilet trained/diapered, consider 1mg dexamethasone at 11pm followed with a next morning 8am serum cortisol level

## **Triaging Urgency for Query Cushing Syndrome Appointments:**

• Semi-urgent

We strive to meet the triaging times (below), but please note that times may vary in particular for non-urgent or elective referrals.

Thank you

## Categories for Urgency:

Emergent- contact staff endocrinologist on call (905) 521-5030

**Urgent** – within 7 days – **contact staff endocrinologist on call before sending referral (905)** 

521-5030

**Semi-urgent**– 1 to 4 weeks

Non-urgent – 4-16weeks

**Elective**– Next available