McMaster Pediatric Endocrinology Outpatient Clinic Referral form for:

## McMaster Children's Hospital

## **Diabetes Insipidus**

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.

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[	] Polyuria (large amounts)
[	] Polydipsia
[	] Nocturia
[	] diabetes mellitus has been ruled out
<u>In</u>	vestigations Required:
Γ	First a.m. electrolytes (sodium, potassium, chloride) and glucose
-	] Serum Osmolality
[	] First a.m. void—urine specific gravity and urine osmolality and glucose
Tł	ne above investigations must be drawn on the same day (a paired sample)

## **Triaging Urgency for query Diabetes Insipidus Appointments:**

• **Non-urgent** unless of recent onset or features of other pituitary hormone or electrolyte abnormalities

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