

Dear Referring Practitioner,

Thank you for your referral. In our efforts to minimize wait times and optimize your patient's initial visit with us, we kindly ask that you complete a disease specific checklist found on our website.

Please note that we will be unable to triage your referral until the required form and documentation are completed and attached to your referral.

**Please note the following:**

\***Ambiguous genitalia:** If infant has ambiguous genitalia, this constitutes a *medical emergency*. Please contact the endocrinologist On-Call at (905) 521-5030

\***Suspected or Confirmed New Onset Diabetes Mellitus, type 1:** Please contact the Pediatric Endocrinologist on On-Call (905) 521-5030 for any symptomatic child with *glycosuria* or *ketonuria* for *immediate* referral; the child should also be sent to the Emergency Department.

\***Suspected or Confirmed New Onset Diabetes Mellitus, type 2:** If the patient has *ketonuria*, send to the Emergency department and contact the Pediatric Endocrinologist on On-Call (905) 521-5030 for an *immediate* referral.

For a child with established Diabetes on treatment or if a 2 hour OGTT is suspicious for Type 2 Diabetes please complete the McMaster Children's Hospital Pediatric Diabetes Program Referral Form.

\***Hyperlipidemia:** Please refer directly to the Pediatric Lipid Clinic (Fax 905-385-5033)

\***Hypertension:** Please refer directly to the Pediatric Nephrology Clinic (Fax 905-521-5056)

\***Obesity:** Please refer directly to Children's Exercise and Nutrition Clinic (Fax 905-385-5033)

\***Transgender patient:** please refer to Adolescent Medicine, Dr Natasha Johnson, for a preliminary assessment (Fax 905-521-2654)

For questions about how to make a referral (i.e., non-clinical queries) please contact Rachel Smith at 905-521-2100 ext 75433

Thank you,  
McMaster Pediatric Endocrinology Team