

Dr. Simon Overduin

Internal and Geriatric Medicine

Suite 201, 245 The Boardwalk, Waterloo ON N2T 0A6 • Tel (519) 804-1141 • Fax (519) 340-2049

Referring Physician

name: _____
billing number: _____
fax number: _____
phone number: _____
date of referral: _____
signature: _____

Patient

name: _____
date of birth: _____
OHIP number: _____
phone number: _____
mail address: _____
email address: _____
family doctor: _____
age (years): _____ gender: M F

Referral Triage Options

urgent request virtual-only preferred

CHOOSE ONE OF THE FOLLOWING:

Hypertriglyceridemia & Hypercholesterolemia

- fasting TG ≥ 5 mmol/L
- HDL-C ≥ 2.5 mmol/L
- LDL-C ≥ 5 mmol/L
- LDL-C ≥ 4.5 mmol/L (+age 18+)
- non-HDL-C ≥ 6 mmol/L
- apoB ≥ 1.5 g/L
- Lp(a) ≥ 100 nmol/L (or ≥ 400 mg/L)
- statin intolerance

Obesity & Overweight State

- BMI ≥ 30 kg/m² (obese)
- BMI ≥ 25 kg/m² (overweight)
- BMI ≥ 23 kg/m² (overweight + S/E Asian)
- waist circ > 88 cm (women)
- waist circ > 102 cm (men)
- DEXA scan VAT ≥ 1.2 kg (women; or ≥ 1.3 L)
- DEXA scan VAT ≥ 2.0 kg (men; or ≥ 2.2 L)

Pre-diabetes & Insulin Resistance

- A1c 5.5-5.9% (diabetes risk)
- A1c 6.0-6.4% (pre-diabetes)
- FPG 6.1-6.9 mmol/L (pre-diabetes)
- 2-hr OGTT PG 7.8-11.0 mmol/L (pre-diabetes)
- HOMA-IR ≥ 2.5 (insulin resistance)
- fasting insulin ≥ 100 pmol/L

History (optional): _____

Send referrals by fax to (519) 340-2049.

Please attach medical history including medication list.

Please send relevant investigations e.g. imaging and specialist reports. Labs on OLIS not required.

We will contact your patient with appointment date and time.

We will fax consult and follow-up notes to your office.

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