## Dr. Simon Overduin

Internal and Geriatric Medicine

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Referring Physician		Patient	
name: billing number: fax number:		name: date of birth: OHIP number:	
phone number: date of referral:		phone number: mail address:	
uate of felefial.		email address:  family doctor:	
signature:		age (years):	gender: $\square$ M $\square$ F
CHOOSE ONE OF THE FOLLOWING:			
Hypertriglyceridemia & Hypercholesterolemia	Obesity & Overweight S		Pre-diabetes & Insulin Resistance
☐ fasting TG ≥ 5 mmol/L ☐ HDL-C ≥ 2.5 mmol/L	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)  VAT ≥ 1.2 kg (women)		A1c 5.5-5.9% (diabetes risk)
☐ LDL-C≥5 mmol/L			A1c 6.0-6.4% (pre-diabetes)
☐ LDL-C ≥ 4.5 mmol/L (+age 18+)			FPG 6.1-6.9 mmol/L (pre-diabetes)
☐ non-HDL-C≥6 mmol/L			2-hr OGTT PG 7.8-11.0 mmol/L (pre-diabetes)
☐ apoB ≥ 1.5 g/L			
☐ Lp(a) ≥ 100 nmol/L (or ≥ 400 mg/L)			☐ HOMA-IR ≥ 2.5 (insulin resistance)
☐ statin intolerance	☐ VAT ≥ 2.0 kg (men)		☐ fasting insulin ≥ 100 pmol/L
History (optional):			

Send referrals by fax to 519-579-8799.

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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