

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 under the link "how to refer a patient."
<http://www.mcmasterchildrenshospital.ca/body.cfm?id=74>

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

***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. Complete the McMaster Children's Hospital Pediatric Diabetes Program Referral Form.

***Diabetes Mellitus, type 2:** if 2 hour OGTT is suspicious for Type 2 Diabetes please refer directly to the pediatric Type 2 Diabetes clinic (Fax 905-385-5033). 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. 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)

Thank you,

McMaster Pediatric Endocrinology Team