

Dear referring 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 send this completed application only once results for all required investigations are available. Referrals with pending results will not be triaged until results are available.

TSH: 5-10mIU/L FreeT4: normal Antibodies: negative/positive	Repeat TSH and FreeT4 in 8-12 weeks and then q 6 monthly. No referral to Pediatric Endocrinology necessary
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Consult endocrinology when (please check box that applies to your patient):

TSH > 10 mIU/L FreeT4 low or normal Antibodies: positive or negative	Begin treatment with Levo-Thyroxine Approximately 2-3 mcg/kg/day Refer to Pediatric Endocrinologist if necessary
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Investigations Required:

- TSH
- Free T4
- Anti-thyroid peroxidase antibody (TPO Ab)
- Previous growth parameters (height & weight & BMI percentile) on a WHO or CDC growth chart (computer generated growth chart from EMR not accepted)

*Ultrasounds are **not** indicated in the evaluation of thyroid function abnormalities without palpable structural thyroid disease. If a thyroid ultrasound was performed and nodular thyroid is reported – refer to pediatric endocrinology.*

Triaging Urgency for Hypothyroidism Appointments:

- **Semi-urgent** if severe
- **Non-urgent** if mild
- **Elective** if only TSH >10 mIU/L

We strive to meet the triaging times (below), but times may vary in particular for non-urgent or elective referrals.

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