Dr. Simon Overduin

Internal and Geriatric Medicine

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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

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/m^2 (obese)
- ☐ BMI ≥ 27.5 kg/m^2 (overweight)
- ☐ BMI ≥ 25 kg/m^2 (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.
Revised 20251203.