

APPLETON CLINIC
INTERNAL MEDICINE / NEPHROLOGY DIVISION
HYPERTENSION / DIABETES CLINIC



PATIENT INFORMATION:

Date: ____/____/____
MONTH DAY YEAR

Patient: _____ D.O.B: ____/____/____ Sex: ____
MONTH DAY YEAR

Address: _____ MONTH DAY YEAR

OHIP: _____ Version Code: ____ Non-OHIP

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

REFERRING PHYSICIAN:

Name (Print) : _____ OHIP Referral No. _____

Office Tel: (____) - _____ - _____ Office Fax: (____) - _____ - _____

Office Address: _____

Signature: _____

REQUEST FOR: Consultation with Dr. Ghias ud din Butt, MBBS, MD, MRCP(UK), FRCP(C)

REASON FOR CONSULTATION:

- Resistant or suspected secondary hypertension
- Low GFR / eGFR (Acute or Chronic Renal Failure)
- Diabetes Management
- Hematuria Proteinuria
- Suspected glomerulonephritis / renal vasculitis
- Metabolic work up for recurrent renal stones Other:

OTHER CO-MORBID CONDITIONS: (May also attach letter with additional medical information and send copies of recent labs please)

Current Medications:

Allergies: NKDA or _____ Urgent Consult

Does patient have special needs? Yes Explain:

***Please advise your patients that Appleton Clinic is a fragrance FREE environment.**

OFFICE USE ONLY: