Stand up to Diabetes

Central LHIN Diabetes Education Program Referral Form

CLINIC USE ONLY
Date Received:

☐ **copy of report sent to physician**
Appointment Date:

Patient Information

Name ______________________ M ☐ F ☐ DOB: YYYY MM DD
Last name First name

Phone : (Home) ( )
(Work) ( )
(Mobile) ( )

Address ______________________
Street City/Town Postal code

OHIP# ______________________ code Exp. ______ MM YYYY

Name of Parent/Guardian ______________________

Previous diabetes education? Y ☐ N ☐
Patient informed of referral? Y ☐ N ☐
Interpretation service required? Y ☐ N ☐
If yes, please indicate language:

Allergies: ☐ NKA ☐ see attached

REASON FOR REFERRAL

- ☐ Newly diagnosed type 1
- ☐ Newly diagnosed type 2
- ☐ Type 1 education
- ☐ Type 2 education
- ☐ Pre-diabetes education
- ☐ Gestational diabetes or pregnancy with pre-existing diabetes
- ☐ Inpatient/ emergency department follow-up
- ☐ Insulin start – **Please specify dose:**

MEDICAL HISTORY

Type of Diabetes

- ☐ Pre-diabetes
- ☐ Type 1
- ☐ Type 2

If pregnant, check below:
No. of weeks: ______________
EDC: ______________
Hospital:
____

- ☐ Type 1 ☐ GDM
- ☐ Type 2 ☐ IGT of pregnancy

Gestational Only
Date:

OGTT	50g	75g
ac:		
1-hour:		
2-hour:		

Medications (name/dose/frequency)

☐ see attached CPP ☐ none

- ☐ patient advised to bring glucometer to appointment
- ☐ patient advised to bring medications to appointment

Duration

☐ Newly diagnosed *or*
_______ years

Present Treatment:
- ☐ Diet only
- ☐ Oral ADA
- ☐ Insulin + oral ADA
- ☐ Insulin injection
- ☐ Insulin pump therapy
- ☐ **No current treatment**

Additional Considerations

☐ see attached ☐ none

Risk factors:
- ☐ Hypertension
- ☐ Dyslipidemia
- ☐ Cardiovascular disease
- ☐ Overweight
- ☐ Gastro-intestinal
- ☐ Thyroid
- ☐ Smoking

Microvascular:
- ☐ Nephropathy
- ☐ Neuropathy
- ☐ Retinopathy

Complications:
- ☐ Physical disability
- ☐ Exercise restrictions
- ☐ Mental health
- ☐ Substance abuse
- ☐ Sexual dysfunction
- ☐ Foot ulcer

Other:
- ☐ Pre-/Post-bariatric surgery
- ☐ Non-insured
- ☐ Other (specify):

LABORATORY RESULTS: Please include the following laboratory results (if not provided, the DEP may repeat tests to complete a comprehensive assessment): *HbA1c , Creatinine, Albumin/Creatinine Ratio, LDL, FPG or OGTT, Total Cholesterol, Triglycerides, HDL*

Comments/Special Instructions:

☐ THIS PATIENT MAY BE SEEN ON AN URGENT BASIS BY AN ENDOCRINOLOGIST/ACNP AT THE DIABETES EDUCATION PROGRAM UNLESS OTHERWISE SPECIFIED BY REFERRING PHYSICIAN.
☐ NO, PLEASE CONTACT ME FIRST.

Primary Care Physician Information (or stamp):
Name:
Address:
Phone: Fax:
Signature:

Name (or stamp) of referring provider (if other than Primary Care Physician)
Name:
Address:
Phone: Fax:
Signature:

Diabetes Education Program (DEP)	Location	Phone No. Fax No.	Prediabetes	Type 1 diabetes	Type 2 diabetes	Gestational diabetes	Pre-existing diabetes with pregnancy	Post-Gestational	Pump therapy	**Endocrinologist**	**Foot care**	**Social Work**	Languages spoken by staff *in addition to English
Black Creek Community Health Centre	**Sheridan Mall site** 2202 Jane St., Unit 5 Toronto, ON, M3M 1A4	Tel: 416.249.8000 Fax: 416.249.4594	●		●						●	●	Hindi, Italian, Punjabi, Spanish, Tamil, Vietnamese *Interpretation services available upon request
	Yorkgate Mall site 1 Yorkgate Boul., Unit 202 Toronto, ON, M3N 3A1	Tel: 416.246.2388 Fax: 416.650.0971	●		●								
Carefirst Family Health Team	420 Highway 7 E., Unit 27 Richmond Hill, ON, L4B 3K2	Tel: 905.695.1133 Fax: 905.695-0826	●		●							●	Cantonese, Gujarati, Hindi, Mandarin, Punjabi, Urdu
Humber River Regional Hospital	**Finch site** 2115 Finch Ave. W., Suite 103 Downsview, ON, M3N 2V6	Tel: 416.747.3896 Fax: 416.747.3082	●	●	●	●	●						Hindi, Italian, Punjabi, Tagalog, Tamil
LMC Endocrinology Centres	**LMC Markham** 110 Copper Creek Dr, Suite 200 Markham, ON, L6B 0P9	Tel: 905.294.0800 Fax: 905.294.0814		●	●		●	●	●	●		●	Cantonese, Mandarin
	LMC Thornhill 531 Atkinson Ave., Suite 17 Vaughan, ON, L4J 8L7	Tel: 905.763.8660 Fax: 905.763.0708		●	●		●	●	●	●		●	Italian, Russian
Markham-Stouffville Hospital	379 Church St., Suite 310 Markham, ON, L6B 0T1	Tel: 905.472.7527 Fax: 905.472.7533	●	●	●	●	●		●	●			Cantonese, Gujarati, Hebrew, Hindi, Mandarin, Punjabi, Tamil, Urdu
North York General Hospital	**Branson site** 555 Finch Ave. W. Toronto, ON, M2R 1N5	Tel: 416.635.2575 Fax: 416.635.2601		●	●	●	●		●	●		●	
North York Family Health Team	240 Duncan Mill Rd., Suite 301 North York, ON, M3B 3S6	Tel: 416.494.3003 Fax: 416.494.8525	●		●			●					
Southlake Regional Health Centre	17215 Leslie St., Unit G Newmarket, ON, L3Y 8E4	Tel: 905.853.0952 Fax: 905.853.3180	●	●	●	●	●	●	●	●	●	●	Cantonese, Hebrew, Hungarian, Mandarin, Persian, Spanish
Stevenson Memorial Hospital	200 Fletcher Cres. Alliston, ON, L9R 1M1	Tel: 705.435.6281 Fax: 705.434.5219	●	●	●	●	●			●			
Vaughan Community Health Centre	9401 Jane St., Suite 206 Vaughan, ON, L6A 4H7	Tel: 905.303.8490 ext. 137 Fax: 905.303.0320	●		●		●	●			●	●	Hindi, Polish, Punjabi, Russian, Spanish, Urdu
York Central Hospital	**Upper Thornhill Centre site** 955 Major Mackenzie Dr., W. Vaughan, ON, L6A 4P9	Tel: 905.832.8070 ext. 2238 Fax: 905.832.0720	●	●	●	●	●	●	●		●		Cantonese, Farsi, French, Hindi, Italian, Mandarin, Punjabi, Urdu