

**Central LHIN
Diabetes Education Program
Referral Form**

Patient Information:

Last name: _____ First name: _____ M F DOB: _____
 Address: _____
 OHIP#: _____ Version Code: _____ Non-insured
 Primary Phone #: _____ Secondary Phone #: _____
 Name of Parent/Guardian: _____ Language Preferred if not English: _____
 Allergies: _____ NKA

Type of Diabetes:

- At Risk for Diabetes
- Prediabetes
- Type 2 Diet/Lifestyle Oral Meds Insulin/injectable
- Type 1 Newly diagnosed Pump (attach settings)
- Pregnant with Gestational Diabetes - _____ weeks
- Pregnant with Type 1 Type 2 - _____ weeks

Reason for Referral:

- Diabetes Education
- Start Insulin/Injectable – indicate order and sign below
- Endocrinologist consult – see over for sites with an Endocrinologist
- OTN consult: Diabetes Educator Endocrinologist
- Retinal Screening
- _____

Insulin/Injectable Order:

Dose:

Time:

Insulin/Injectable Order:	Dose:	Time:

Continue current diabetes oral medications After insulin/GLP-1 Analog start, stop: _____

Current Medications:

Dose Route Freq.

Current Medications

Dose Route Freq.

Current Medications:	Dose	Route	Freq.	Current Medications	Dose	Route	Freq.

Additional Considerations:

- Hypertension Cardiovascular disease Neuropathy Mental health concerns
- Dyslipidemia Foot health concerns Nephropathy Retinopathy
- Other: _____

Laboratory Results:

Please attach all recent blood work (including HbA1C, lipid profile, FPG, OGTT, etc.) Attached

Referring Health Care Provider Information:

Physician Orders:

A report of the visit will be provided to:

Name:

Address:

Phone:

Fax:

Billing number:

1. I authorize the Diabetes Educator/s to adjust this patient's insulin based on the DEP's Medical Directive (available from the DEP). The Diabetes Educator will provide education on how to self-titrate insulin based on their blood glucose, carbohydrate intake and physical activity. Yes No

2. If clinically indicated, I authorize the DEC to arrange an Endocrinology consult, IF AVAILABLE ON SITE (see over). Yes No

Physician's signature: _____ MD

Diabetes Education Program (DEP)	Location	Phone No. Fax No.	Paediatric	Pre-diabetes	Type 1 diabetes	Type 2 diabetes	Gestational diabetes	Pre-existing diabetes with pregnancy	Post-Gestational	Pump therapy	Endocrinologist (pregnancy only)	Endocrinologist	Chiroprody	Social Work	OTN	Other Services	Languages spoken by staff (in addition to English)
Black Creek Community Health Centre www.bcchc.com	<u>Yorkgate Mall</u> 1 Yorkgate Boul., Unit 202 Toronto, ON, M3N 3A1	Tel: 416.246.2388 Fax: 416.650.0971		•		•							•	•			Interpretation service available on request
Carefirst Family Health Team www.carefirstfht.com	420 Highway 7 E., Unit 27 Richmond Hill, ON, L4B 3K2 *	Tel: 905.695.1133 Fax: 905.695.0826		•		•								•	•		Cantonese, Gujarati, Hindi, Mandarin, Punjabi, Tamil, Urdu Interpretation service available on request
Centre for Complex Diabetes Care www.nygh.on.ca	<u>NYGH Outpatient & Community Services Centre</u> Unit E7, 2 Champagne Drive Toronto, ON, M3J 0K2	Tel: 416:756-6924 Fax: 416:756-6329			•	•				•		•	•	•	•	Pharmacist, Psychology for CBT	Cantonese, Hebrew, Portuguese, Russian, Tamil
Humber River Regional Hospital www.hrh.ca	<u>Wilson site</u> 1235 Wilson Ave. Toronto, ON, M3M 0B2	Tel. 416.242.1000 ext. 23400 Fax. 416.242.1094		•	•	•	•	•	•						•		Cantonese, Hindi, Italian, Korean, Punjabi, Tagalog, Tamil, Twi
Jane Finch Family Health Team www.janefinchfamilyhealthteam.com	Yorkgate Mall, 2nd floor 1 Yorkgate Boul., Unit 211 Toronto, ON, M3N 3A1	Tel:416.745.4555 Ext 6 Fax: 416.745.0786		•	•	•		•	•				•	•			French, Hindi, Punjabi
LMC Diabetes & Endocrinology www.lmc.ca	<u>LMC Vaughan</u> 1600 Steeles Ave W Unit 5 Vaughan, ON, L4K 4M2	Tel: 905.763.8660 Fax: 905.763.0708		•	•	•	•	•	•	•		•	•			Optometry, Pharmacy	Greek, Hebrew
Mackenzie Health www.mackenziehealth.ca	<u>Upper Thornhill Centre site</u> 955 Major Mackenzie Dr., W. Vaughan, ON, L6A 4P9	Tel: 905.883.2211 Fax: 905.883.0772		•	•	•	•	•	•	•		•	•	•	•	Cardio-vascular & Pulmonary Rehab	Cantonese, French, Hindi, Italian, Mandarin, Punjabi, Spanish, Urdu Interpretation service available on request
Markham-Stouffville Hospital www.msh.on.ca	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 Family Health Team www.nyfht.com	240 Duncan Mill Rd, Suite 707 North York, ON, M3B 3S6	Tel: 416.494.3003 ext. 131 Fax: 416.494.8525		•		•			•								Cantonese, Vietnamese
North York General Hospital www.nygh.on.ca	<u>NYGH Outpatient & Community Services Centre</u> Unit E7, 2 Champagne Drive Toronto, ON, M3J 0K2	Tel: 416:756-6924 Fax: 416:756-6329	•		•	•	•	•		•	•			•			Farsi, Hebrew, Hindi, Russian, Urdu
Southlake Regional Health Centre www.southlakeregional.org	465 Davis Dr., Suite 213, Newmarket, ON L3Y 2B1 *	Tel: 905.895.4521 ext. 5600 Fax: 905.853.3180		•	•	•	•	•	•	•	•	•	•	•	•		Cantonese, Dutch, Farsi, Hebrew, Hungarian, Mandarin, Spanish
Stevenson Memorial Hospital www.smhosp.on.ca	200 Fletcher Cres. Alliston, ON, L9R 1W7	Tel: 705.435.6281 Fax: 705.434.5219		•	•	•	•	•			•						
Unison Health and Community Services www.unisonhcs.org	<u>Bathurst-Finch site</u> 540 Finch Avenue West Toronto, ON M2R 1N7	Tel: 416.787.1676 ext. 301 Fax: 647.260.0310		•		•			•				•	•			Hebrew, Russian Interpretation service available on request
Vaughan Community Health Centre www.vaughanhealthcarehc.com	9401 Jane St., Suite 206 Vaughan, ON, L6A 4H7	Tel: 905.303.8490 ext. 2 Fax: 905.303.0320		•		•		•	•				•		•	Exercise Education & Pulmonary Rehab	Farsi, Hindi, Polish, Russian, Telugu, Urdu Interpretation service available on request

* Additional service sites available - please call the main site for details