Mackenzie Health

Mackenzie Richmond Hill Hospital
10 Trench Street, Richmond Hill ON L4C 4Z3
905-883-1212

Cortellucci Vaughan Hospital
3200 Major Mackenzie Drive West, Vaughan ON L6A 4Z3
905-417-2000

Mackenzie Health – Women & Child Program

Diabetes Education Program Referral

955 Major Mackenzie Drive West, Suite 340

Phone: 905-883-2211 Fax: 905-883-0772

Patient Information:

Last name: _____ First name: _____ F☒ DOB: _____
DD■MM■YYYY

Address: _____

OHIP#: _____ Version Code: _____ ☐Non-insured

Primary Phone #: _____ Secondary Phone #: _____

Name of Parent/Guardian: _____ Language Preferred if not English: _____

Allergies: _____ ☐NKA

Reason for Referral:

Pregnant with:

- ☐ Gestational Diabetes
- ☐ Previous Gestational Diabetes
- ☐ Prediabetes
- ☐ Type 1 Diabetes
- ☐ Type 2 Diabetes

EDB: _____

Referral for:

☑ **Diabetes Education** which includes:

- ✓ Dietitian/Certified Diabetes Educator
- ✓ Endocrinology consult:
  - if BGs are elevated
  - for entering the Ante/Intra/Postpartum Diabetes order set

☐ Urgent Endocrinology consult

Current Medications:

	Dose	Route	Freq.

Additional Considerations:

Referring Health Care Provider Information:

A report of the visit will be provided to:

Name:

Address:

Phone:

Fax:

Billing number:

Physician Orders:

		Yes	No
1.	**I authorize the Diabetes Educator/s to adjust this patient's insulin based on the DEC's Medical Directive/Protocol** (available from the DEC). The Diabetes Educator will provide education on how to self-titrate insulin based on blood glucose, carbohydrate intake and physical activity.	☐	☐
2.	**If clinically indicated (BGs are elevated), I authorize the DEC to arrange an Endocrinology consult.**	☑	☐

Physician's signature: _____ MD