

Central LHIN**Diabetes Education Program****Referral Form****CLINIC USE ONLY**

Date Received: _____

Appointment Date: _____

Notes: _____

☐ Interpreter attending**Patient Information:**Last name: _____ First name: _____ M ☐ F ☐ DOB: _____

YYYY-MM-DD

Address: _____

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

Primary Phone #: _____ Secondary Phone #: _____

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

Allergies: _____ ☐ NKA**Reason for Referral:**

- ☐ Diabetes Education ☐ Inpatient/ER follow-up
☐ Start Insulin/GLP-1 Analog - write order/attach Rx; sign below
☐ Pre-pregnancy planning: ☐ Type 1 ☐ Type 2
☐ OTN Consult: ☐ Diabetes Educator ☐ Endocrinologist
☐ Endocrinology consult – see back for sites with an Endocrinologist
☐ Retinal Screening
☐ _____

Type of Diabetes:

- ☐ At risk
☐ Prediabetes ☐ newly diagnosed OR year diagnosed: _____
☐ Type 2 – ☐ newly diagnosed OR year diagnosed: _____
☐ Type 1 – ☐ newly diagnosed OR year diagnosed: _____
☐ Pregnant with gestational diabetes _____ weeks
☐ Pregnant with ☐ Type 1 ☐ Type 2 _____ weeks

Insulin or GLP-1 Analog Start Order:

Dose: _____

Time: _____

☐ Continue current diabetes oral medications ☐ Stop these after insulin/GLP-1 Analog start: _____**Current Medications:**

Dose

Route

Freq.

Current Medications

Dose

Route

Freq.

Additional Considerations:

- ☐ Hypertension ☐ Cardiovascular disease ☐ Nephropathy ☐ Retinopathy
☐ Dyslipidemia ☐ Foot ulcer ☐ Neuropathy ☐ _____

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 blood glucose, carbohydrate intake and physical activity. Yes ☐ No ☐

2. I authorize an Endocrinologist to see this patient on an urgent basis IF AVAILABLE ON SITE. 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	Chiropractic	Social Work	OTN	Other Services	Languages spoken by staff (in addition to English)
Black Creek Community Health Centre www.bcchc.com	<u>Sheridan Mall site</u> 2202 Jane St., Unit 5 Toronto, ON, M3M 1A4	Tel: 416.249.8000 Fax: 416.249.4594		•		•							•	•			<i>Interpretation service available on request</i>
	<u>Yorkgate Mall site</u> 1 Yorkgate Boul., Unit 202 Toronto, ON, M3N 3A1	Tel: 416.246.2388 Fax: 416.650.0971		•		•											
Carefirst Family Health Team www.carefirstft.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 <i>Interpretation service available on request</i>
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
LMC Diabetes & Endocrinology www.lmc.ca	LMC Thornhill																Greek, Russian <i>Interpretation service available on request</i>
	531 Atkinson Ave., Suite 17 Vaughan, ON, L4J 8L7	Tel: 905.763.8660 Fax: 905.763.0708		•	•	•	•	•	•	•	•						
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
Mackenzie Health www.mackenziehealth.ca	<u>Upper Thornhill Centre site</u> 955 Major Mackenzie Dr., W. Vaughan, ON, L6A 4P9	Tel: 905.832.8070 Fax: 905.832.0720		•	•	•	•	•	•	•		•			•		Cantonese, French, Hindi, Italian, Mandarin, Punjabi, Urdu
North York General Hospital www.nygh.on.ca	<u>Branson site</u> 555 Finch Ave. W. Toronto, ON, M2R 1N5	Tel: 416.635.2575 Fax: 416.635.2601	•		•	•	•	•		•	•			•			Farsi, Hindi, Italian, Russian, Urdu
CLHIN CCDC- Centre for Complex Diabetes Care www.nygh.on.ca	<u>Branson site</u> Comprehensive case management for adults with diabetes	Tel: 416.635.2575 Fax: 416.635.2601			•	•				•		•	•	•	•	Pharmacist	Hebrew, Portuguese, Russian, Tamil
North York Family Health Team www.nyfht.com	240 Duncan Mill Rd., Suite 301 North York, ON, M3B 3S6	Tel: 416.494.3003 Fax: 416.494.8525		•		•			•								Cantonese, Mandarin, Vietnamese
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, Hebrew, Hungarian, Mandarin, Persian, 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 <i>Interpretation service available on request</i>
Vaughan Community Health Centre www.vaughanhealthcarechc.com	9401 Jane St., Suite 206 Vaughan, ON, L6A 4H7	Tel: 905.303.8490 ext. 137/171 Fax: 905.303.0320		•		•		•	•				•		•		<i>Interpretation service available on request</i>
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

* Additional service sites available - please call main site phone number for details regarding closest location