

**Central LHIN**  
**Diabetes Education Program**  
 Referral Form

CLINIC USE ONLY	
Date Received:	
Appointment Date:	
Notes:	
<input type="checkbox"/> Interpreter attending	

**Patient Information:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ M  F  DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ YYYYY-MM-DD  
 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:**

**Type of Diabetes:**

<input type="checkbox"/> Diabetes Education	<input type="checkbox"/> Inpatient/ER follow-up	<input type="checkbox"/> At risk
<input type="checkbox"/> Start Insulin/GLP-1 Analog - write order/attach Rx; sign below	<input type="checkbox"/> Pre-diabetes <input type="checkbox"/> newly diagnosed OR year diagnosed: _____	<input type="checkbox"/> Type 2 - <input type="checkbox"/> newly diagnosed OR year diagnosed: _____
<input type="checkbox"/> Pre-pregnancy planning: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	<input type="checkbox"/> Type 1 - <input type="checkbox"/> newly diagnosed OR year diagnosed: _____	<input type="checkbox"/> Pregnant with gestational diabetes _____ weeks
<input type="checkbox"/> OTN Consult: <input type="checkbox"/> Diabetes Educator <input type="checkbox"/> Endocrinologist	<input type="checkbox"/> Pregnant with <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 _____ weeks	
<input type="checkbox"/> Endocrinology consult - see back for sites with an Endocrinologist		
<input type="checkbox"/> Retinal Screening		
<input type="checkbox"/> _____		

**Insulin or GLP-1 Analog Start Order:**

Dose:

Time:

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.

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 <input type="checkbox"/>	No <input type="checkbox"/>
2. I authorize an Endocrinologist to see this patient on an urgent basis IF AVAILABLE ON SITE.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <a href="http://www.bcchc.com">www.bcchc.com</a>	Sheridan Mall site 2202 Jane St., Unit 5 Toronto, ON, M3M 1A4	Tel: 416.249.8000 Fax: 416.249.4594		•		•							•	•			Interpretation service available on 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 <a href="http://www.carefirstft.com">www.carefirstft.com</a>	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
Humber River Regional Hospital <a href="http://www.hrh.ca">www.hrh.ca</a>	Wilson site 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 <a href="http://www.lmc.ca">www.lmc.ca</a>	LMC Thornhill 531 Atkinson Ave., Suite 17 Vaughan, ON, L4J 8L7	Tel: 905.763.8660 Fax: 905.763.0708		•	•	•	•	•	•	•	•						Greek, Russian Interpretation service available on request
Markham-Stouffville Hospital <a href="http://www.msh.on.ca">www.msh.on.ca</a>	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 <a href="http://www.mackenziehealth.ca">www.mackenziehealth.ca</a>	Upper Thornhill Centre site 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 <a href="http://www.nygh.on.ca">www.nygh.on.ca</a>	Branson site 555 Finch Ave. W. Toronto, ON, M2R 1N5	Tel: 416.635.2575 Fax: 416.635.2601	•		•	•	•	•		•	•			•			Farsi, Hindi, Italian, Russian, Urdu
CLHN CCDC- Centre for Complex Diabetes Care <a href="http://www.nygh.on.ca">www.nygh.on.ca</a>	Branson site 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 <a href="http://www.nyfht.com">www.nyfht.com</a>	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 <a href="http://www.southlakeregional.org">www.southlakeregional.org</a>	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 <a href="http://www.smhosp.on.ca">www.smhosp.on.ca</a>	200 Fletcher Cres. Alliston, ON, L9R 1W7	Tel: 705.435.6281 Fax: 705.434.5219		•	•	•	•	•			•						
Unison Health and Community Services <a href="http://www.unisonhcs.org">www.unisonhcs.org</a>	Bathurst-Finch site 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 <a href="http://www.vaughanhealthcarechc.com">www.vaughanhealthcarechc.com</a>	9401 Jane St., Suite 206 Vaughan, ON, L6A 4H7	Tel: 905.303.8490 ext. 137/171 Fax: 905.303.0320		•		•		•	•				•		•		Interpretation service available on request
Jane Finch Family Health Team <a href="http://www.janefinchfamilyhealthteam.com">www.janefinchfamilyhealthteam.com</a>	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