

Central LHIN Diabetes Education Program Self-Referral Form

CLINIC USE ONLY

Date Received:

Appointment Date:

Initial Assessment

Follow-Up

Interpreter attending

Triage Code:

Date :

Initial:

Patient Information (for adults 18 years and older)

Name: Male Female Date of Birth: _____

Address: _____ City: _____ Postal Code: _____

OHIP Number: _____ Exp: _____

Phone: _____ Work: _____ Mobile: _____

Parent/Guardian: _____

Allergies: _____ No Known Allergies

Reason for Referral

Medications/Insulin

Dose

Route

Freq.

<input type="checkbox"/> Pre-diabetes education				
<input type="checkbox"/> Type 1 – newly diagnosed				
<input type="checkbox"/> Type 1 – diagnosed in _____ (yr)				
<input type="checkbox"/> Type 2 – newly diagnosed				
<input type="checkbox"/> Type 2 – diagnosed in _____ (yr)				
<input type="checkbox"/> Diabetes in Pregnancy _____ wks				

How long have you had diabetes? _____

Previous diabetes education? Yes No When? _____ Location? _____

Do you have or have you ever experienced any of the following? (Please check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Family history of diabetes | <input type="checkbox"/> Smoker | <input type="checkbox"/> Retinopathy (Eye complications) |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Neuropathy (Nerve damage) |
| <input type="checkbox"/> Gestational diabetes | <input type="checkbox"/> Heart failure | <input type="checkbox"/> Nephropathy (Kidney problems) |
| <input type="checkbox"/> Overweight / Obesity | <input type="checkbox"/> Heart attack | |

Do you have a Family Physician? Yes No

Family Physician Contact Information

Name: _____

Address: _____

Phone: _____

Fax: _____

I authorize the staff from the Diabetes Education Program to contact my family physician to obtain records of my most recent laboratory results.

Patient Signature: _____ Date: _____

Diabetes Education Program (DEP)

Location

Phone No.
Fax No.

Pre-diabetes
Type 1 diabetes
Type 2 diabetes
Gestational diabetes
Pre-existing diabetes with pregnancy
Post-Gestational
Pump therapy
Endocrinologist (pregnacy)
Endocrinologist (urgent care only)
Chiroprody
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
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
Mackenzie Health	Upper Thornhill Centre site 955 Major Mackenzie Dr., W. Vaughan, ON, L6A 4P9	Tel: 905.832.8070 ext. 2238 Fax: 905.832.0720 www.mackenziehealth.ca	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Cantonese, French, Hindi, Italian, Mandarin, Punjabi, Urdu
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 http://diabetes.nygh.on.ca	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Cantonese, Portuguese, Russian
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

Centre for Complex Diabetes Care (CCDC)
Branson Site, 555 Finch Ave. W
Toronto ON, M2R 1N5
Tel: 416.635.2575
Fax: 416.635.2601
http://diabetes.nygh.on.ca

Comprehensive Case Management for Adults with Diabetes

Portuguese, Russian