

# DURHAM REGIONAL DIABETES PROGRAM REFERRAL FORM

Patient Name: \_\_\_\_\_ M  F  DOB (dd/mm/yy): \_\_\_\_\_ Age: \_\_\_\_\_  
Parent/Guardian (if less than 18 years of age): \_\_\_\_\_ Health Card #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_  
Email: \_\_\_\_\_

## CLIENT'S PREFERRED LOCATION TO ATTEND:

- Brock Community Health Centre       Charles H. Best Centre (Type I)       Lakeridge Health – Port Perry       Lakeridge Health – Bowmanville  
 Markham Stouffville Hospital – Uxbridge Site       Rouge Valley – Ajax-Pickering Site       Rouge Valley – Centenary Site       Oshawa Community Health Centre

*This form must be completed and faxed by Referring Physician prior to client attending the Diabetes Program.  
The DEC will contact patient.*

Consult with an Endocrinologist / Internist:  Yes  No      Consult with Cardiovascular Prevention & Rehabilitation Program  Yes  No

\_\_\_\_\_ Physician's Initials authorize Diabetes Educator to adjust existing diabetes treatment plan according to Medical Directive of institutional policy.

### TYPE OF DIABETES:

- Established diabetes      If **pregnant** check below:  
 New diagnosis       Type 1  
 Symptomatic       Type 2  
 Type 1       GDM  
 Type 2       IGT of pregnancy  
 Prediabetes      EDC \_\_\_\_\_

### MEDICAL HISTORY:

- History attached**  
 Thyroid Disease  
 Hypertension (>130/80)  
 Dyslipidemia  
 Cardiovascular disease  
 Tobacco Use  
 Alcohol Abuse  
 Sexual Dysfunction  
 Retinopathy
- Nephropathy  
 Foot Problems/Wound Concerns  
 Neuropathy  
 Exercise restrictions \_\_\_\_\_  
 Mental Health Concerns \_\_\_\_\_  
 Other \_\_\_\_\_

### LABORATORY DATA:

See attached copies.

Date: \_\_\_\_\_ FPG: \_\_\_\_\_ casual: \_\_\_\_\_  
Date: \_\_\_\_\_ 75g OGTT    FPG: \_\_\_\_\_ 2-hour: \_\_\_\_\_  
A1c: \_\_\_\_\_ Date: \_\_\_\_\_  
TC: \_\_\_\_\_ HDL-C: \_\_\_\_\_ LDL-C: \_\_\_\_\_ TC:HDL \_\_\_\_\_  
TG: \_\_\_\_\_ ACR: \_\_\_\_\_ Serum Creat: \_\_\_\_\_  
eGFR: \_\_\_\_\_ TSH: \_\_\_\_\_  
Other: \_\_\_\_\_

### GESTATIONAL ONLY

50g Oral Glucose Screen: Date: \_\_\_\_\_ 1 hour: \_\_\_\_\_  
OGTT  
Date: \_\_\_\_\_ FPG: \_\_\_\_\_ 1-hr: \_\_\_\_\_ 2-hr: \_\_\_\_\_  
A1c: \_\_\_\_\_

### PROBLEMS THAT MAY AFFECT LEARNING:

- Appropriate for group education

### MEDICAL NUTRITION THERAPY:

- Will be at Dietitian's Discretion:  
 Additional Nutrition Considerations: \_\_\_\_\_  
\_\_\_\_\_

### PRESENT TREATMENT FOR DIABETES

- Healthy Lifestyle  
 Oral Agents: Type & Dose \_\_\_\_\_  
\_\_\_\_\_  
 Insulin pump  
 Insulin:

| Type: | Dosage |      |    |    |
|-------|--------|------|----|----|
|       | am     | noon | pm | HS |
|       |        |      |    |    |
|       |        |      |    |    |
|       |        |      |    |    |

### COMMENTS

### INSULIN INITIATION/CHANGE ORDERS

| Type: | Dosage |      |    |    |
|-------|--------|------|----|----|
|       | am     | noon | pm | HS |
|       |        |      |    |    |
|       |        |      |    |    |
|       |        |      |    |    |

Referring physician: \_\_\_\_\_  
print name    signature    phone    date

### For DEC office use:

Priority:          1          2          3          4          Date Received: \_\_\_\_\_

## DURHAM REGION DIABETES EDUCATION CLINICS

*Family Physicians working with Diabetes Educators, provide ongoing multi-disciplinary diabetes education: your patient's key to understanding and successfully managing their diabetes.*

|  |   |  |   |
|--|---|--|---|
| <b>BROCK COMMUNITY HEALTH CENTRE</b><br>20 Cameron Street West<br>Cannington, ON L0E 1E0<br>Ph: (705) 432-2446<br>Fax: (705) 432-3039  | <b>ROUGE VALLEY – AJAX-PICKERING SITE</b><br>580 Harwood Avenue. S.<br>Ajax, ON L1S 2J4<br>Ph: (905) 683-2320 x 5269<br>Fax: (905) 683-1121 | <b>ROUGE VALLEY – CENTENARY SITE</b><br>2867 Ellesmere Rd.<br>Scarborough, ON M1E 4B9<br>Ph: (905) 284-8131 x 7375<br>Fax: (416) 281-7020                      | <b>OSHAWA COMMUNITY HEALTH CENTRE</b><br>115 Grassmere St.<br>Oshawa, ON L1H 3X7<br>Ph: (905) 723-0036<br>Fax: (905) 723-3391 |
| <b>LAKERIDGE HEALTH – PORT PERRY</b><br><b>LAKERIDGE HEALTH – BOWMANVILLE</b><br>47 Liberty Street S.<br>Bowmanville, ON L1C 2N4<br>Ph: (905) 576-8711 x 3726<br>Fax: (905) 721-4855 | <b>CHARLES H. BEST CENTRE (TYPE I)</b><br>900 Victoria St. W<br>Whitby, ON L1N 925<br>Ph: (905) 666-7796<br>Fax: (905) 666-5579             | <b>MARKHAM STOUFFVILLE HOSPITAL – UXBRIDGE SITE</b><br>4 Campbell Drive (Box 5003)<br>Uxbridge, ON L9P 1S4<br>Ph: (905) 852-9771 x 5260<br>Fax: (905) 852-2460 |   |