

VCHC Diabetes Education Program

Referral Form

 9401 Jane St, Ste. 206, Vaughan ON, L6A 4H7
 Phone: 905 303 8490 ext. 2 Fax: 905 303 0320

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

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

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: _____

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:

A report of the visit will be provided to:

Name: _____

Address: _____

Phone: _____

Fax: _____

Billing number: _____

Physician Orders:

- 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
<input type="checkbox"/>	<input type="checkbox"/>
- I authorize an Endocrinologist to see this patient on an urgent basis IF AVAILABLE ON SITE.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Physician's signature: _____ MD