



**Vaughan CHC Diabetes Education Program
Self-Referral Form**

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

Client Information

Last Name		First Name		<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Other:
Date of Birth (YYYY/MM/DD):	OHIP#: <input type="checkbox"/> Non-Insured:				Expiry Date (MM/DD):	
Address:						
Primary Phone #:				Preferred Language:		
Preferred Method <input type="checkbox"/> Virtual Consult <input type="checkbox"/> Telephone <input type="checkbox"/> Video (Ontario Telemedicine Network) <input type="checkbox"/> In person Visit <input type="checkbox"/> Virtual Diabetes Group - Zoom						

Reason For Referral

- I am a newly diagnosed type 2 diabetes
- I have type 2 diabetes How long have you had diabetes?
- I have prediabetes or border-line diabetes
- I am "at risk" of diabetes (family history, over 40 yrs, I have blood pressure or high cholesterol)

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"/> Heart failure | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Heart attack |
| <input type="checkbox"/> Gestational diabetes | <input type="checkbox"/> Smoking | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Retinopathy (eye complication) | <input type="checkbox"/> Nephropathy (nerve damage) | <input type="checkbox"/> Neuropathy (Kidney Problems) | |
| Allergies: | | <input type="checkbox"/> No Known | |

Laboratory Results:

Please attach recent blood work (HbA1C, eGFR, lipid profile, etc.) attached not available

List of Medications:

I have attached a list of current medications (OR) I will inform my pharmacy to fax VCHC

Family Physician Contact Information:

Name: Address: Phone: Fax: Billing Number:	<input type="checkbox"/> I authorize the staff from the Vaughan CHC Diabetes Education Program to contact my family physician to obtain records of my most recent laboratory results Client Signature: Date:
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