Patient ID

ST. MICHAEL'S UNITY HEALTH TORONTO | Centre for Diabetes & Endocrinology

Diabetes Clinic Referral Form Fax to 416.867.3654

Centre for Diabetes and Endocrinology
St. Michael's Hospital
61 Queen Street East, 7th floor
Toronto, ON M5C 2T2
Booking office: 416-867-3679

Reset Form | Print

Office use only: ☐ Emergent ☐ Urgent ☐ Routine

Patient Name: _____ DOB: _____
first *last* *dd/mmm/yyyy*

Address: _____ _____ _____
street number *street name* *unit*

_____ _____ _____
City *postal code* *Tel: home/cell*

Health Card: _____ Version Code: _____ Gender: ☐ Male ☐ Female ☐ Unknown

Patient Email: _____ Patient consent for email: Y/N _____

Type of Diabetes:	☐ Type 1 ☐ Type 2 ☐ Not Known ☐ Other:
Most Recent A1C (within 3 months) _____ %	Date: _____
Insulin:	☐ None ☐ Insulin Pump ☐ MDI ☐ Mixed ☐ Basal Only
Non-Insulin Anti-Hyperglycemics	☐ None ☐ Single Agent ☐ Two agents ☐ Three or more agents
Specific Consultation request:	
Type of Consultation request:	☐ Consult Only (Follow up by referring doctor) ☐ Shared Care (Consultation and ongoing diabetes management)

Urgent: ☐ Yes ☐ No

If urgent, please make patient aware that they will receive their appointment time/date via telephone within 7 days. Please ask them to contact us directly, if they do not hear from us in this time period (or do not have a working phone). They should expect their appointment to be within 3 weeks of referral date (and we will be unable to accommodate an appointment after this time period).

if yes, must indicate why:

- ☐ New Diagnosis of Type 1
- ☐ Systemic steroid initiation/titration with poor glycemic control
- ☐ Symptomatic hyperglycemia/metabolic decompensation
- ☐ Open wound with poor glycemic control (also refer to wound clinic)
- ☐ Hypoglycemia that is severe, recurrent or unawareness
- ☐ Recurrent admission for DKA
- ☐ Other: _____

Please attach cumulative patient profile (medical problem list, medication list) and recent laboratory tests.

Name: _____ Signature: _____

Address: _____ Date: _____

Telephone: ( ) _____ Fax: ( ) _____ Billing #: _____

Please note that the Diabetes Clinic does not accept referrals for:
Pregnancy counseling (for patients who are already pregnant): Complete the *Diabetes in Pregnancy Referral form* and FAX to 416-867-3742 **Pre-Diabetes:** refer to local DEP via *http://torontodiabetesreferral.com/online*

Please note that patients referred to the diabetes clinic will be seen by the next available physician.

Form No. 73802 Rev. December 18_2025