ST JOSEPH'S HEALTH CENTRE TORONTO

Diabetes Education Referral Form

30 The Queensway, Toronto, Ontario M6R1B5
Tel #: 416-530-6043 Fax: 416-530-6050

Patient Last Name: Given Name:	Date of Birth: (D/M/Y)
Address: Apt#:	Telephone #-: Home
Town or City: Province: Postal Code:	Work or ☐ Other:
Contact Person/Power of Attorney:	Contact/P.O.A: Telephone #:
Ontario Health Card Number: Version Code	**Interpreter/American Sign Language required** ☐ Yes ☐ No Language:
Clinic / Service ☐ DIABETES CLINIC	☐ DIABETES EDUCATION ☐ DIABETES IN PREGNANCY

Please note the diabetes clinic does not accept referrals for pre-diabetes. Please refer to local DEP via **http://torontodiabetesreferral.com/online**

*****PLEASE COMPLETE THE FOLLOWING or ATTACH*****
INCOMPLETE REFERRALS WILL BE RETURNED, RESULTING IN A DELAY IN BOOKING.

***Interpreter Services:**	☐ Yes ☐ No		Language:		
Hearing Impaired:	☐ Yes ☐ No				
Reason For Referral:					
Relevant Medical History:	☐ Hypertension ☐ Mental Health	☐ Dyslipidemia ☐	☐ CAD / MI ☐		
Renal Insufficiency:	☐ Yes ☐ No If yes, please attach relevant labs				
	☐ Other:				
Relevant Medications:	Insulin: ☐None ☐ Insulin pump ☐MDI ☐Mixed ☐Basal only				
	Non-insulin anti-hyperglycemics: ☐None ☐Oral ☐Injectable				
Relevant Lab Data Date:	**FBS:**	**RBS:**	**HbA1C:**		
(Attach Lab report if preferred)	**Chol:**	**HDL:**	**LDL:**	**Trig:**	**Chol/HDL:**
Referral to:	☐ **Endocrinologist**			☐ **Dietitian**	
	☐ **Diabetes Nurse Educator**		☐ ~~**Diabetes Classes (8:15-3:30) Mondays**~~		
Other Comments:					

Referring Doctor's Name: Please Print	**Telephone #: ( )**
Referring Clinic Name:	**Fax #: ( )**
Address:	
Signature: **Billing #:**	**Date:**

Orders for Insulin Initiation and Titration	
Insulin Type:	
Dose and Time:	
Insulin Type:	
Dose and Time:	

☐ Diabetes Educator may teach client insulin dose adjustment by 1-2 units or up to 10% of total daily insulin dose

MD Signature_____
Date:_____

- ✓ **Patients must bring their health card, medications and glucometer/logbook**
- ✓ **We require at least 48 hours advance notice for cancellations**