

**Diabetes Education Centre Referral Form**

**Humber River Hospital**

1235 Wilson Avenue

1<sup>st</sup> floor at the Healthy Living Clinic (Portal C)

Toronto, ON M3M 0B2

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**Humber River Health**  
Lighting New Ways  
in Healthcare™

To be completed by referring Physician

<b>Patient Name:</b>				<b>Gender:</b>		<b>Date of Birth (dd/mm/yy):</b>			
<b>Home Address:</b>				<b>City:</b>		<b>Postal Code:</b>			
<b>Email:</b>									
<b>Home Phone:</b>				<b>Ontario Health Card &amp; Version Code:</b>					
<b>Cell Phone:</b>									
<b>English Speaking:</b>		Yes <input type="checkbox"/>		No <input type="checkbox"/>		<b>List Language Preference:</b> _____			
<b>Diagnosis/Treatment:</b>									
<input type="checkbox"/> Type 1 Diabetes		<input type="checkbox"/> Type 2 & Lifestyle		<input type="checkbox"/> Pre-Diabetes		<input type="checkbox"/> Other			
<input type="checkbox"/> Type 2- Antihyperglycemic Agent(s) & Insulin/GLP1-agonists		<input type="checkbox"/> Pregnancy & Diabetes		<input type="checkbox"/> IFG		<input type="checkbox"/> IGT			
<input type="checkbox"/> Type 2 Diabetes and Insulin		<input type="checkbox"/> Gestational Diabetes		<input type="checkbox"/> At Risk					
<b>Dietary or Exercise Restrictions:</b> _____									
<b>Oral Antihyperglycemic Agent (s):</b>			<b>Insulin (s):</b>			<b>Other Medication (s):</b>			
<b>Significant Medical History</b>									
<input type="checkbox"/> Hypertension		<input type="checkbox"/> Nephropathy		<input type="checkbox"/> Dyslipidemia		<input type="checkbox"/> Retinopathy		<input type="checkbox"/> Other	
<input type="checkbox"/> Cardiovascular Disease		<input type="checkbox"/> Neuropathy		<input type="checkbox"/> Foot/Wound concerns		<input type="checkbox"/> Mental Health			
<b>Date of Test:</b>	<b>Fasting Glucose</b>	<b>Random Glucose</b>	<b>HbA1C</b>	<b>TC/HDL ratio</b>	<b>LDL</b>	<b>eGFR</b>	<b>ACR</b>	<b>Triglyceride</b>	<b>Other</b>
<b>New Insulin and/or Oral Agent(s):</b>									
<b>Other:</b> _____									
All Self-management education provided at the Diabetes Education Centre is based on the 2018 Canadian Diabetes Association Clinical Practice Guidelines for the management of diabetes									
Physician Signature: _____					Date: _____				
Physician Name (Please Print) _____					Phone #: _____				

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