Diabetes Education Centre Referral Form

Humber River Hospital
1235 Wilson Avenue
1st floor at the Healthy Living Clinic (Portal C)
Toronto, ON M3M 0B2
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Humber River Hospital Lighting New Ways in Healthcare™

To be completed by referring Physician

Patient Name:	**Gender:**	**Date of Birth (dd/mm/yy):**

Address:	**City:**	**Postal Code:**

Home Phone: **Cell Phone:**	**Ontario Health Card & Version Code:**

English Speaking: Yes ☐ No ☐ **List Language Preference:** _____

Diagnosis/Treatment:

- ☐ Type 1 Diabetes
- ☐ Type 2- Antihyperglycemic Agent(s) & Insulin/GLP1-agonists
- ☐ Type 2 Diabetes and Insulin
- ☐ Type 2 & Lifestyle
- ☐ Pregnancy & Diabetes
- ☐ Gestational Diabetes
- ☐ Pre-Diabetes
- ☐ IFG ☐ IGT
- ☐ At Risk
- ☐ Other

Dietary or Exercise Restrictions: _____

Oral Antihyperglycemic Agent (s):	Insulin (s):	Other Medication (s):

Significant Medical History

- ☐ Hypertension
- ☐ Cardiovascular Disease
- ☐ Nephropathy
- ☐ Neuropathy
- ☐ Dyslipidemia
- ☐ Foot/Wound concerns
- ☐ Retinopathy
- ☐ Mental Health
- ☐ Other

Date of Test:	**Fasting Glucose**	**Random Glucose**	**HbA1C**	**TC/HDL ratio**	**LDL**	**eGFR**	**ACR**	**Triglycer-ide**	**Other**

New Insulin and/or Oral Agent(s):

Other:_____

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 #:_____