HUMBER RIVER HOSPITAL

Diabetes Education Centre
Referral Form

1235 Wilson Avenue
4th floor Medical/Surgical Clinics
Toronto, Ontario M3M 0B2
Telephone: (416) 242-1000 ext. 23400 | Fax: (416) 242-1094

To be completed by referring physician

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

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

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

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

Diagnosis/Treatment:

☐ Type 1 Diabetes
☐ Type 2/Diet
☐ Type 2/Antihyperglycemic agent(s)
☐ Type 2/Antihyperglycemic agent(s) & Insulin
☐ Type 2/Insulin only
☐ Type 2 with Pregnancy
☐ Gestational Diabetes
☐ Pre-Diabetes
☐ Other

Dietary or Exercise Restrictions: _____

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

Significant Medical History:

☐ Hypertension
☐ Nephropathy
☐ Other/comments:
☐ Cardiovascular Disease
☐ Neuropathy
☐ Retinopathy
☐ Weight concerns

Recent Lab Data (Please fax results)

	Fasting Glucose	Random Glucose	HbA1C	TC/HDL ratio	LDL	eGFR	ACR	Triglycerides	Other
Date of Test:									

New Insulin and/or Oral Agent(s):

Other: _____

All self-management education provided at the Diabetes Education Centre is based on the 2013 Canadian Diabetes Association Clinical Practice Guidelines for the management of diabetes.

Physician Signature: Date:

Physician Name (Please Print): Phone #:

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