



# DIABETES EDUCATION PROGRAM

203-468 Queen Street East Toronto, ON M5A 1T7

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## Regent Park CHC Diabetes Education Program Referral Form

Individuals with type 1 diabetes and/or who are currently pregnant  
should be referred to an endocrinologist as soon as possible

Name: \_\_\_\_\_

Gender: \_\_\_\_\_  Aboriginal

Address: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Contact Phone #: \_\_\_\_\_

**Does the client identify with any of these challenges?**  
(Check all that apply)

non-insured (refugee, new immigrant)

mental health challenges (explain):  
\_\_\_\_\_

homeless/marginally housed

problematic drug and/or alcohol use

mobility issues

developmental challenges

no family doctor/nurse practitioner

<b>Language(s) Spoken:</b>	<b>Preferred language:</b>
<input type="checkbox"/> English	<input type="checkbox"/> English
<input type="checkbox"/> French	<input type="checkbox"/> French
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Interpreter required	

**Referred for (check all that apply):**

Diabetes Self-Management Support

Education

Insulin

Client is appropriate for group education If not, please indicate why. \_\_\_\_\_

Diagnosis:  Type 2  Pre-diabetes  Newly Diagnosed (within 6 months)

**Medical History:**

Cardiovascular Disease  Neuropathy

Dyslipidemia  Foot/Wound

Hypertension  Previous GDM

Renal Disease  Other: \_\_\_\_\_

Retinopathy \_\_\_\_\_

**Laboratory Data**  attach lab reports if preferred

Date: \_\_\_\_\_

FPG	LDL	A1C
PG	TC/HDL	ACR
OGTT	TG	eGFR

**Medications**  attach med list if preferred

Current Diabetes Medications:	Other Medications:
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**Orders for Insulin Initiation:**

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

**Physician's signature (required):** \_\_\_\_\_

Referred by: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Referring physicians and nurse practitioners will receive a complete report of the assessment and education provided to the client.**

Please Fax form to the Diabetes Education Program RPCHC 416-603-8063