



DIABETES EDUCATION PROGRAM

409 Parliament Street, Toronto, ON M5A 3A1

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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: _____
 Address: _____
 City: _____ Postal Code: _____

Gender: _____ Aboriginal
 Date of Birth (dd/mm/yyyy): ____/____/____
 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

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