



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: _____

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

Language(s) Spoken:

- English
- French
- Other: _____
- Interpreter required

Preferred language:

- English
- French
- Other: _____

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
- Dyslipidemia
- Hypertension
- Renal Disease
- Retinopathy
- Neuropathy
- Foot/Wound
- Previous GDM
- Other: _____

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: _____

Orders for Insulin Initiation:

Insulin Type: _____

Dose and Time: _____

Insulin Type: _____

Dose and Time: _____

Referred by: _____

Phone: _____

Fax: _____

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): _____

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 416-603-8068