niagarahealth

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Niagara Diabetes Program Referral Form
Niagara Diabetes Centre

Fax Referral To: 905−682−3622 **Phone: 905−682−4200 or 1−800−263−2480**

Name		**Gender**
Date of Birth (dd/mm/yyyy)	**Health Card Number (Version Code if applicable)**	**Telephone Number(s)**
Address	**City**	**Postal Code**
Language, if other than English: _____		**Interpreter Required:** ☐ **Yes** ☐ **No**

Urgent:
☐ Recent/Frequent DKA
☐ Recent Diabetes−Related Hospitalization
☐ Pregnancy
☐ HbA1c greater than 10%

☐ **Non−Urgent**

Newly diagnosed with diabetes?
☐ Yes ☐ No

Type of Diabetes:	☐ Type 1: Specify ☐ MDI ☐ Pump ☐ Type 2 ☐ Pre−Diabetes ☐ Gestational ☐ Paediatric
Reason for Referral:	☐ General Diabetes Education and Management ☐ Insulin Pump Management ☐ Insulin Initiation (please attach orders) ☐ Hypoglycemia Unawareness ☐ At Risk of Developing Diabetes
Medical Conditions:	☐ Cardiovascular Disease ☐ Hypertension ☐ Hyperlipidemia ☐ Nephropathy ☐ Neuropathy ☐ Retinopathy ☐ Mental Illness ☐ Other: _____
Medications/Dosage: (Please complete or attach list)	Oral Agents: Insulin:_____ ☐ Insulin Order Set and Prescription Attached
Additional Concerns:	

Laboratory Results: Please attach recent complete lab profile

FBG:	HbA1c:	LDL:	ACR:	eGFR:

Location:
☐ Fort Erie, Bridges CHC, 1485 Garrison Road
☐ Niagara Falls, Greater Niagara General, 5546 Portage Road
☐ St. Catharines, St. Catharines Site, 1200 4th Avenue
☐ Port Colbornes, Bridges CHC, 177 King Street
☐ Welland, Welland Hospital Site, 65 Third Street
☐ Welland, Centre de Santé, 810 east Main Street
French Services Only

Referring Provider Signature:	Date:(dd/mm/yyyy)
Name:	Address:
Phone:	Fax:

REF11

Chart Copy − Do Not Destroy

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