

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
Urgent: <input type="checkbox"/> Recent/Frequent DKA <input type="checkbox"/> Recent Diabetes-Related Hospitalization <input type="checkbox"/> Pregnancy <input type="checkbox"/> HbA1c greater than 10%		<input type="checkbox"/> Non-Urgent	Newly diagnosed with diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Diabetes:	<input type="checkbox"/> Type 1: Specify <input type="checkbox"/> MDI <input type="checkbox"/> Pump <input type="checkbox"/> Type 2 <input type="checkbox"/> Pre-Diabetes <input type="checkbox"/> Gestational <input type="checkbox"/> Paediatric		
Reason for Referral:	<input type="checkbox"/> General Diabetes Education and Management <input type="checkbox"/> Insulin Pump Management <input type="checkbox"/> Insulin Initiation (please attach orders) <input type="checkbox"/> Hypoglycemia Unawareness <input type="checkbox"/> At Risk of Developing Diabetes		
Medical Conditions:	<input type="checkbox"/> Cardiovascular Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Hyperlipidemia <input type="checkbox"/> Nephropathy <input type="checkbox"/> Neuropathy <input type="checkbox"/> Retinopathy <input type="checkbox"/> Mental Illness <input type="checkbox"/> Other: _____		
Medications/Dosage: (Please complete or attach list)	Oral Agents: _____ Insulin: _____ <input type="checkbox"/> Insulin Order Set and Prescription Attached		
Additional Concerns:			

Laboratory Results: Please attach recent complete lab profile

FBG:	HbA1c:	LDL:	ACR:	eGFR:
------	--------	------	------	-------

Location:

- | | |
|--|--|
| <input type="checkbox"/> Fort Erie, Bridges CHC, 1485 Garrison Road | <input type="checkbox"/> Port Colbornes, Bridges CHC, 380 Elm Street |
| <input type="checkbox"/> Niagara Falls, Greater Niagara General, 5546 Portage Road | <input type="checkbox"/> Welland, Welland Hospital Site, 65 Third Street |
| <input type="checkbox"/> St. Catharines, St. Catharines Site, 1200 4th Avenue | <input type="checkbox"/> 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