

## 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
<b>Urgent:</b> <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 <b>Newly diagnosed with diabetes?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Type of Diabetes:</b>	<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		
<b>Reason for Referral:</b>	<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		
<b>Medical Conditions:</b>	<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: _____		
<b>Medications/Dosage: (Please complete or attach list)</b>	Oral Agents: _____ Insulin: _____ <input type="checkbox"/> Insulin Order Set and Prescription Attached		
<b>Additional Concerns:</b>			

**Laboratory Results: Please attach recent complete lab profile**

FBG:	HbA1c:	LDL:	ACR:	eGFR:
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**Location:**

- |  |  |
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| <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**