

Diabetes Education Referral Form

Please fax this form to: 1 888 499 0555

To contact the ESC CCAC call: 310-CCAC (310-2222)

Patient Name: _____ DOB (dd/mm/yy): _____ Male Female
 Address: _____ Postal Code: _____
 Home Phone: _____ Health Card Number: _____
 Work Phone: _____ Language Spoken: _____ Interpreter Needed: Yes No

Type Of Diabetes (please check all that apply)

- New Diagnosis (<1 yr) Type 1
 Established (>1 yr) Type 2
 Pre-diabetes

If <u>pregnant</u> check below:		Due Date: _____
<input type="checkbox"/>	<input type="checkbox"/> GDM	FBS: _____
<input type="checkbox"/>	<input type="checkbox"/> Repeat GDM	1hr pc BS _____
<input type="checkbox"/>	<input type="checkbox"/> IGT of pregnancy	2hr pc BS _____

Reason For Referral (please check all that apply)

- Urgent (24-48 hrs) Meal Plan / Nutrition
 Diabetes Education Insulin Pump Therapy
 Support/Education for Self-Management of Insulin Adjustment
 GLP-1 Initiation

Referred By:	<input type="checkbox"/> Self	<input type="checkbox"/> Health Care Provider
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<input type="checkbox"/> Paediatric Education (0-18 yrs)

Notes / Comments / Other: _____

Orders for Insulin Initiation and/or Ongoing Adjustments

Insulin Type:		<input type="checkbox"/> Adjust insulin dose by 1-2 units or up to 15% prn to achieve CDA CPG glycemc targets for ac 4-7 mmol/L and pc 5-10 mmol/L or individual target of: _____
Dose & Time:		
Insulin Type:		<input type="checkbox"/> Adjust insulin dose by 1-2 units or up to 15% prn to achieve CDA CPG glycemc targets of ac 4-7 mmol/L and pc 5-10 mmol/L or individual target of: _____
Dose & Time:		
<input type="checkbox"/> Allow Certified Diabetes Educator to reduce the secretagogue dosage accordingly to avoid hypoglycaemia		
<input type="checkbox"/> Allow Certified Diabetes Educator to adjust care/insulin ratios for self-management of insulin therapy		
<input type="checkbox"/> Allow Certified Diabetes Educator to order blood glucose or A1c for assessment/evaluation of glycemc control		

Present Diabetes Management & Medical History

- Diet Only OHA & Diet Insulin
 Self-glucose monitoring Insulin & OHA

<input type="checkbox"/> Please Check Box if History Attached
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****Lab Results** (Please Record or Fax copy)**

Referring Person/Physician:

Signature: _____ Print Name: _____ Date: _____
(dd/mm/yy)

Primary Care Provider (if different from referring physician): _____
(Please Print)

If Referring Physician/Person Has a Preferred Program – Please Check Program Choice Below

Chatham-Kent	Sarnia-Lambton	Windsor-Essex
<input type="checkbox"/> CKHA: CKCHC	<input type="checkbox"/> BWH	<input type="checkbox"/> Diabetes Wellness
<input type="checkbox"/> Chatham-Kent FHT (Diabetes Wellness Program)	<input type="checkbox"/> Grand Bend CHC	<input type="checkbox"/> WRH – Pediatric Metabolic Clinic
	<input type="checkbox"/> North Lambton/West Lambton CHC	
<input type="checkbox"/> Other (Specify): _____		
<input type="checkbox"/> Southern Ontario Aboriginal Health Access Centre (SOAHAC)		
First Available Appointment Date: _____		

Location	Address
<p>Bluewater Health (BWH)</p>	<p>89 Norman Street, Sarnia, ON N7T 6S3</p> <p>Outreach locations:</p> <ul style="list-style-type: none"> • Petrolia (CEEH)
<p>North Lambton CHC– Forest</p>	<p>59 King Street W, Forest, ON N0N 1J0</p> <p>Outreach locations:</p> <ul style="list-style-type: none"> • Kettle Point • Watford • Wyoming • Thedford
<p>North Lambton CHC West Lambton - Sarnia</p>	<p>429 Exmouth Street, Suite 100, Sarnia, ON N7T 5P1</p> <p>Outreach locations:</p> <ul style="list-style-type: none"> • Mooretown • Aamjiwnaang
<p>Grand Bend CHC</p>	<p>69 Main Street East Grand Bend, On N0M 1T0</p> <p>Outreach locations:</p> <ul style="list-style-type: none"> • Hensall
<p>Chatham-Kent Health Alliance (CKHA)</p>	<p>80 Grand Ave West Chatham, ON N7M 5L9</p> <p>Outreach locations:</p> <ul style="list-style-type: none"> • Blenheim • Dresden • Mental Health • Ridgetown • Tilbury • Thamesview FHT • Wallaceburg • Walpole Island • Wheatley
<p>CKHA-CKCHC</p>	<p>808 Dufferin Ave Wallaceburg, ON N8A 2V4</p>
<p>Chatham-Kent FHT Diabetes Wellness Program</p>	<p>20 Emma Street Chatham, ON N7L 5K5</p> <p><u>Office locations:</u> Chatham, Wallaceburg, Dresden & Ridgetown</p> <p><u>Outreach Services:</u></p> <ul style="list-style-type: none"> • Chatham-Kent region and includes home visits to Walpole Island and all of Chatham-Kent
<p>Windsor-Essex CHC Diabetes Wellness</p>	<p>2885 Lauzon Pkwy, Unit 107 Windsor, ON N8T 3H5</p> <p>Outreach locations:</p> <ul style="list-style-type: none"> • Amherstburg • Belle River • Essex • Kingsville • Leamington • Windsor
<p>Windsor Regional Hospital (WRH)</p>	<p>1995 Lens Ave Windsor, ON N8W 1L9</p>
<p>Southern Ontario Aboriginal Health Access Centre (SOAHAC)</p>	<p>77 Anishinaabeg Dr. Muncey, ON N0L 1Y0</p> <p>Outreach Locations:</p> <ul style="list-style-type: none"> • Sarnia • Walpole Island • Moraviantown • Windsor