

Diabetes Education Referral Form

Please fax this form to: 1 888 499 0555

To contact the ESC Ontario Health atHome call: 1-833-515-1234

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 pregnant check below:

- Due Date: _____
☐ Type 1 ☐ GDM FBS: _____
☐ Type 2 ☐ Repeat GDM 1hr pc BS _____
☐ 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:

- ☐ Self ☐ Health Care Provider

☐ **Paediatric Education (0-18 yrs)**

Notes / Comments / Other: _____

Orders for Insulin Initiation and/or Ongoing Adjustments

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

Present Diabetes Management & Medical History

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

☐ **Please Check Box if History Attached**

****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
☐ CKHA	☐ BWH	☐ Diabetes Wellness
☐ Chatham-Kent FHT (Diabetes Wellness Program)	☐ Grand Bend CHC	☐ WRH – Pediatric Metabolic Clinic
☐ Other (Specify): _____	☐ North Lambton/West Lambton CHC	
☐ Southern Ontario Aboriginal Health Access Centre (SOAHAC)		
First Available Appointment Date: _____		

Location	Address
Bluewater Health (BWH)	89 Norman Street, Sarnia, ON N7T 6S3 Outreach locations: • Walpole Island • Petrolia (CEEH)
North Lambton CHC– Forest	59 King Street W, Forest, ON N0N 1J0 Outreach locations: • Kettle Point • Watford • Wyoming • Thedford
North Lambton CHC West Lambton - Sarnia	429 Exmouth Street, Suite 100, Sarnia, ON N7T 5P1 Outreach locations: • Mooretown • Aamjiwnaang
Grand Bend CHC	69 Main Street East Grand Bend, On N0M 1T0 Outreach locations: • Hensall
Chatham-Kent Health Alliance (CKHA)	80 Grand Ave West Chatham, ON N7M 5L9 Outreach locations: • Blenheim • Dresden • Mental Health • Ridgetown • Tilbury • Thamesview FHT • Wallaceburg • Walpole Island • Wheatley
CKHA – Sydenham Campus	325 Margaret Ave Wallaceburg, ON N8A 2A7
Chatham-Kent FHT Diabetes Wellness Program	20 Emma Street Chatham, ON N7L 5K5 <u>Office locations:</u> Chatham, Wallaceburg, Dresden & Ridgetown <u>Outreach Services:</u> • Chatham-Kent region and includes home visits to Walpole Island and all of Chatham-Kent
Windsor-Essex CHC Diabetes Wellness	2885 Lauzon Pkwy, Unit 107 Windsor, ON N8T 3H5 Outreach locations: • Amherstburg • Belle River • Essex • Kingsville • Leamington • Windsor
Windsor Regional Hospital (WRH)	1995 Lens Ave Windsor, ON N8W 1L9
Southern Ontario Aboriginal Health Access Centre (SOAHAC)	77 Anishinaabeg Dr. Muncey, ON N0L 1Y0 Outreach Locations: • Sarnia • Walpole Island • Moraviantown • Windsor