



99 Toronto Road, Port Hope L1A 3S4
 P: 905-885-2626 Ext 238 F: 905-885-6063

DIABETES EDUCATION REFERRAL

CLIENT INFORMATION
Name:
Phone:
HC#:
Address:
Birth date (m-d-y):

PROVIDER INFORMATION
Referred by:
Phone:
Fax:
Clients preferred location:
<input type="checkbox"/> Port Hope <input type="checkbox"/> Cobourg <input type="checkbox"/> Colborne <input type="checkbox"/> OTN: Clients e-mail _____

TYPE OF DIABETES			
<input type="checkbox"/> Type 1	<input type="checkbox"/> Type 2	<input type="checkbox"/> Prediabetes	<input type="checkbox"/> GDM
<input type="checkbox"/> Diet/Lifestyle	<input type="checkbox"/> Oral medication	<input type="checkbox"/> Insulin	<input type="checkbox"/> Pump
<input type="checkbox"/> Newly diagnosed	<input type="checkbox"/> Established diabetes for _____ years		

DIABETES ENDOCRINOLOGY CONSULT REQUEST
Endocrinology referral: <input type="checkbox"/> No <input type="checkbox"/> Yes – Please provide referring Doctor's billing number:
Please attach most recent relevant lab results such as: <input type="checkbox"/> FBG/RBG, OGTT, A1C, Lipid Profile, eGFR, ACR
Names of other providers to whom reports should also be sent:

REFERRING SITE OTN INFORMATION
Your OTN Site #: System #: Contact #: OTN Coordinator Name:

RELEVANT HEALTH HISTORY INCLUDING ALLERGIES (if not attached)

CURRENT MEDICATIONS (if not attached)					
Medication	Dosage	Freq	Medication	Dosage	Freq

BARRIERS TO ACCESSING CARE/CONSIDERATIONS AFFECTING CARE			
<input type="checkbox"/> Transportation	<input type="checkbox"/> Financial	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Physical disability
<input type="checkbox"/> Literacy	<input type="checkbox"/> Language	<input type="checkbox"/> Auditory impairment	<input type="checkbox"/> Cognitive impairment

My signature authorizes the diabetes educator to adjust insulin dosages as per the PHNCHC Medical Directive for Insulin Initiation and Titration 2020

I do NOT authorize the diabetes educators to adjust insulin dosages

MD Signature _____ Date _____