

Referral for Diabetes Education Programs in Eastern Counties

(Children ≤ 17 years diagnosed with diabetes refer immediately to CHEO 613-737-7600 *0 and ask for diabetes physician on call)

CLIENT LAST NAME: _____

CLIENT FIRST NAME(S): _____

GENDER: M F Other: _____ DOB: _____ / _____ / _____
 (YYYY) (MM) (DD)

ADDRESS: _____
 Number Street Apartment

City Province Postal Code

PHONE Home: (_____) _____ Other: (_____) _____

PREFERRED LANGUAGE OF SERVICE: English French Other: _____

DIAGNOSIS: PreDM Type 2 Diabetes Type 1 Diabetes Gestational Diabetes

Duration of Dx: New Dx < 6months 6months-5yrs 5-10yrs 10+yrs

Stamp:

Select **SERVICES REQUESTED/MAIN REASON FOR REFERRAL:** URGENT (HbA1C>10%)
 Diabetes Education and Support Insulin Initiation* Insulin and/or Medication Adjustment*

*Requires attach labs and complete required orders below. Insulin prescription forms available at www.ocfp.on.ca

INSULIN INITIATION*

Insulin type: _____

Dose / Time: _____

Titration Orders: Increase by _____ unit(s) at _____ (time) every _____ (night/day)

until _____ (am/pm/hs) readings are consistently under _____ (mmol/L).

Discontinue AHA? N Y

Specify Med.: _____

INSULIN ADJUSTMENT*

Insulin type: _____

Dose: _____

Insulin type: _____

Dose: _____

Diabetes Educator may teach insulin dose adjustment by 1-2 units/up to 10% daily insulin dose

GLP-1 INITIATION OR ADJUSTMENT*

GLP-1 type: _____

Dose: _____

Time: _____

Titration Orders:

*Physician Signature required for Insulin or GLP-1 Orders above: _____

ADDITIONAL COMMENTS / SPECIAL INSTRUCTIONS

REFERRING PROVIDER (or Stamp)

Name:

Address:

Phone:

Fax:

Please include 1. Recent Lab Results (A1C, FBG, eGRF, ACR, Lipids), 2. Medical history/Risk factors and 3. Current Medication. For a referral to Endocrinology, please see page 2 of this form.

Diabetes Specialist—Endocrinologist/Internist Consults available at the following locations:

- Cornwall Community Hospital: Dr. J.P. DeYoung , Dr. Visram (OTN)
 Hawkesbury District General Hospital: Dr. M. Thibodeau Winchester District Memorial Hospital: Dr. C.Irobi
 Akwesasne Diabetes Services : Dr. M-F Levac

Referring physician _____

OHIP billing # _____ Date: _____

Physician Signature _____

URGENT

Reason for referral to specialist: _____

**Eastern Counties Diabetes Education Programs
Location and Contact information**

* requires a physician referral
** requires a specialist referral

	Services offered						Language of service
	Pre diabetes	Type 2 diabetes	Insulin Starts*	Type 1 diabetes	Insulin pumps**	Gestational diabetes	
Centre de santé communautaire de l'Estrie Clinique de diabète / Diabetes clinic Alexandria Fax: 613-525-3991 Tel.: 613-525-5544 Bourget Fax: 613-487-4182 Tel.: 613-487-1802 Cornwall Fax: 613-937-4938 Tel.: 613-937-0478 Toll free: 1-855-342-2338 Crysler Fax: 613-987-9908 Tel.: 613-987-2683 Embrun Fax: 613-443-9519 Tel.: 613-443-3888 Limoges Fax: 613-557-2084 Tel.: 613-557-2210	✓	✓	✓				English French
Cornwall Community Hospital Diabetes Centre Fax: 613-936-4623 Tel.: 613-936-4615 <i>Specialists: Dr. J.P. DeYoung , Dr. Visram (OTN)</i>	✓	✓	✓	✓	✓	✓	English French
Hawkesbury & District General Hospital Diabetes Clinic Fax: 613-636-6194 Tel.: 613-632-1111 ext. 52701 <i>Specialist: Dr. M. Thibodeau</i>	✓	✓	✓	✓	✓	✓	English French
Kemptville District Hospital Diabetes Education Program Fax: 613-258-4997 Tel: 613-258-6133 (ext. 155)	✓	✓	✓				English
Mohawk Council of Akwesasne Diabetes Services Fax: 613-575-5018 Tel.: 613-575-2341, ext. 3247 <i>Specialist: Dr. M-F Levac</i>	✓	✓	✓	✓			English
Winchester District Memorial Hospital Diabetes Education Program Fax: 613-774-6536 Tel.: 613-774-2422, ext. 6765 <i>Specialist: Dr. C. Irobi</i>	✓	✓	✓	✓	✓	✓	English