

Diabetes Education Program

Referral Form

We offer pre-diabetes and diabetes education, insulin initiation, and insulin and/or medication adjustment services in English and French in Alexandria, Bourget, Cornwall, Crysler, and Embrun.

Children 17 years of age and under who are diagnosed with diabetes should be referred immediately to CHEO: https://www.cheo.on.ca/en/clinics-services-programs/diabetes-clinic.aspx

We do not offer consultations with endocrinologists/internists, nor do we offer services for gestational diabetes and/or insulin pump.

First 1	Name:					
Last Name:						
Home	e Phone:	Mol	bile Phone:			
Addr	ess:					
Unit, Street:						
City, Province:						
Postal Code:						
Date of Birth:						
Ontario Health Card Number:						
Diag	nosis					
Diagr	nosis Prediabetes		Type 2 diabetes			
			Type 2 diabetes			
	Prediabetes		Type 2 diabetes			
□ Is this	Prediabetes s request urgent?	□ □	No			
□ Is this	Prediabetes s request urgent? Yes (e.g., HbA1C > 10%)	□ □ refer	No			
□ Is this □ Check	Prediabetes s request urgent? Yes (e.g., HbA1C > 10%) k the required service/primary reason for		No ral			

Documentation to include:

- 1. Recent lab results (A1C, FBG, eGFR, ACR, Lipids)
- 2. Medical history/Risk factors
- 3. Current medication list
- 4. Prescription and medical order for insulin adjustment, if applicable



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First Name:		
Last Name:		
Phone:		
Fav.		

Referring Physician/Nurse Practitioner

Please fax this form to 613 937-4983

Signature:

Phone: 613 525-5544 or 613 937-0478 (Toll free: 1 855 342-2338)