

# 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 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:		<input type="checkbox"/> 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:		<input type="checkbox"/> Adjust insulin dose by 1-2 units or up to 15% prn to achieve CDA CPG glycemic 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 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
<input type="checkbox"/> CKHA	<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"/> Other (Specify): _____	<input type="checkbox"/> North Lambton/West Lambton CHC	
<input type="checkbox"/> Southern Ontario Aboriginal Health Access Centre (SOAHAC)		
<b>First Available Appointment Date:</b> _____		

Location	Address
<b>Bluewater Health (BWH)</b>	<p align="center"><b>89 Norman Street, Sarnia, ON N7T 6S3</b></p> <p>Outreach locations:</p> <ul style="list-style-type: none"> <li>• Walpole Island</li> <li>• Petrolia (CEEH)</li> </ul>
<b>North Lambton CHC– Forest</b>	<p align="center"><b>59 King Street W, Forest, ON N0N 1J0</b></p> <p>Outreach locations:</p> <ul style="list-style-type: none"> <li>• Kettle Point</li> <li>• Watford</li> <li>• Wyoming</li> <li>• Thedford</li> </ul>
<b>North Lambton CHC West Lambton - Sarnia</b>	<p align="center"><b>429 Exmouth Street, Suite 100, Sarnia, ON N7T 5P1</b></p> <p>Outreach locations:</p> <ul style="list-style-type: none"> <li>• Mooretown</li> <li>• Aamjiwnaang</li> </ul>
<b>Grand Bend CHC</b>	<p align="center"><b>69 Main Street East Grand Bend, On N0M 1T0</b></p> <p>Outreach locations:</p> <ul style="list-style-type: none"> <li>• Hensall</li> </ul>
<b>Chatham-Kent Health Alliance (CKHA)</b>	<p align="center"><b>80 Grand Ave West Chatham, ON N7M 5L9</b></p> <p>Outreach locations:</p> <ul style="list-style-type: none"> <li>• Blenheim</li> <li>• Dresden</li> <li>• Mental Health</li> <li>• Ridgetown</li> <li>• Tilbury</li> <li>• Thamesview FHT</li> <li>• Wallaceburg</li> <li>• Walpole Island</li> <li>• Wheatley</li> </ul>
<b>CKHA – Sydenham Campus</b>	<p align="center"><b>325 Margaret Ave Wallaceburg, ON N8A 2A7</b></p>
<b>Chatham-Kent FHT Diabetes Wellness Program</b>	<p align="center"><b>20 Emma Street Chatham, ON N7L 5K5</b></p> <p><u>Office locations:</u> Chatham, Wallaceburg, Dresden &amp; Ridgetown</p> <p><u>Outreach Services:</u></p> <ul style="list-style-type: none"> <li>• Chatham-Kent region and includes home visits to Walpole Island and all of Chatham-Kent</li> </ul>
<b>Windsor-Essex CHC Diabetes Wellness</b>	<p align="center"><b>2885 Lauzon Pkwy, Unit 107 Windsor, ON N8T 3H5</b></p> <p>Outreach locations:</p> <ul style="list-style-type: none"> <li>• Amherstburg</li> <li>• Belle River</li> <li>• Essex</li> <li>• Kingsville</li> <li>• Leamington</li> <li>• Windsor</li> </ul>
<b>Windsor Regional Hospital (WRH)</b>	<p align="center"><b>1995 Lens Ave Windsor, ON N8W 1L9</b></p>
<b>Southern Ontario Aboriginal Health Access Centre (SOAHAC)</b>	<p align="center"><b>77 Anishinaabeg Dr. Muncey, ON N0L 1Y0</b></p> <p>Outreach Locations:</p> <ul style="list-style-type: none"> <li>• Sarnia</li> <li>• Walpole Island</li> <li>• Moraviantown</li> <li>• Windsor</li> </ul>