

# 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](http://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 OHA?  N  Y

Specify Med.: \_\_\_\_\_

## INSULIN ADJUSTMENT\*

Insulin type: \_\_\_\_\_

Dose: \_\_\_\_\_

Insulin type: \_\_\_\_\_

Dose: \_\_\_\_\_

Diabetes Educator may teach insulin dose adjustment

## 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 Diabetes Specialist, please see page 2 of this form.**

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

**PLEASE SEND CONSULT LETTER TO SPECIALIST**

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

**URGENT**

Reason for referral to specialist:

Referring physician

OHIP billing #

Date: \_\_\_\_\_

Physician Signature

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

*\*\* requires a specialist referral*

	Services offered						Language of service
	Pre diabetes	Type 2 diabetes	Insulin Starts	Type 1 diabetes	Insulin pumps**	Gestational diabetes	
<b>Centre de santé communautaire de l'Estrie</b> <b>Clinique de diabète / Diabetes clinic</b> 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 Embrun Fax: 613-443-9519 Tel.: 613-443-3888	✓	✓	✓				English French
<b>Cornwall Community Hospital Diabetes</b> <b>Centre</b> Fax: 613-936-4623 Tel.: 613-936-4615		✓	✓	✓	✓	✓	English French
<b>Hawkesbury &amp; District General Hospital Diabetes</b> <b>Clinic</b> Fax: 613-636-6194 Tel.: 613-632-1111 ext. 52701	✓	✓	✓	✓	✓	✓	English French
<b>Kemptville District Hospital Diabetes Education Program</b> Fax: 613-258-4997 Tel: 613-258-6133 (ext. 155)	✓	✓	✓				English
<b>Mohawk Council of Akwesasne Diabetes Services</b> Fax: 613-575-5018 Tel.: 613-575-2341 (ext. 3247)	✓	✓	✓	✓		✓	English
<b>Winchester District Memorial Hospital Diabetes Education Program</b> Fax: 613-774-6536 Tel.: 613-774-2422 (ext. 6765)	✓	✓	✓	✓	✓	✓	English