

Niagara Diabetes Program Referral Form Niagara Diabetes Centre

Fax Referral To: 905-682-3622

Phone: 905-682-4200 or 1-800-263-2480

Name		Gender	
Date of Birth (dd/mm/yyyy)	Health Card Number (Version Code if applicable)		Telephone Number(s)
Address		City	Postal Code
Language, if other than English: _____			Interpreter Required: ☐ Yes ☐ No
Urgent: ☐ Recent/Frequent DKA ☐ Recent Diabetes-Related Hospitalization ☐ Pregnancy ☐ HbA1c greater than 10%		☐ Non-Urgent	Newly diagnosed with diabetes? ☐ Yes ☐ No
Type of Diabetes:	☐ Type 1: Specify ☐ MDI ☐ Pump ☐ Type 2 ☐ Pre-Diabetes ☐ Gestational ☐ Paediatric		
Reason for Referral:	☐ General Diabetes Education and Management ☐ Insulin Pump Management ☐ Insulin Initiation (please attach orders) ☐ Hypoglycemia Unawareness ☐ At Risk of Developing Diabetes		
Medical Conditions:	☐ Cardiovascular Disease ☐ Hypertension ☐ Hyperlipidemia ☐ Nephropathy ☐ Neuropathy ☐ Retinopathy ☐ Mental Illness ☐ Other: _____		
Medications/Dosage: (Please complete or attach list)	Oral Agents: _____ Insulin: _____ ☐ Insulin Order Set and Prescription Attached		
Additional Concerns:			

Laboratory Results: Please attach recent complete lab profile

FBG:	HbA1c:	LDL:	ACR:	eGFR:
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Location:

- | | |
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| ☐ Fort Erie, Bridges CHC, 1485 Garrison Road | ☐ Port Colbornes, Bridges CHC, 177 King Street |
| ☐ Niagara Falls, Greater Niagara General, 5546 Portage Road | ☐ Welland, Welland Hospital Site, 65 Third Street |
| ☐ St. Catharines, St. Catharines Site, 1200 4 th Avenue | ☐ Welland, Centre de Santé, 810 east Main Street |
- **French Services Only**

Referring Provider Signature:		Date:(dd/mm/yyyy)
Name:	Address:	
Phone:	Fax:	



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Chart Copy – Do Not Destroy