Health Sciences North
Horizon Santé-Nord

Diabetes Care Service Referral Form
FAX: 705-671-5634 PHONE 705-671-6601

For timely access to care please complete in full. Incomplete forms will be returned to sender

PATIENT INFORMATION

Last Name:	**First Name**:	**Gender**:	**Preferred Language**:
Address:	**Phone:** **Cell:**		**Primary Care Provider**:
Health Card Number:	**Version:**	**DOB**: dd/mm/yy	**Patient aware of referral** ☐ Y ☐ N

DIAGNOSIS INFOMATION (Attach ALL relevant lab work)

Type of Diabetes:
New diagnosis: **Yes or No**
- ☐ Type 1 (A1C_____)
- ☐ Type 2 (A1C_____)
- ☐ Frequent hypoglycemia
- ☐ Recent DKA
- ☐ Other:

If Pregnant check below:
- ☐ Type 1 ☐ Type 2 ☐ GDM
- ☐ EDD:_____
- ☐ OGTT (include labs):_____
- ☐ Dr Falvo_____

Present Diabetes Treatment:
(check all that apply)
- ☐ Lifestyle only
- ☐ Oral Antihyperglycemic(s)
- ☐ Injectable (non-insulin)
- ☐ Insulin
  - ☐ Basal
  - ☐ Bolus
- ☐ Insulin Pump

Medications: (or attach list)

Medical History:
- ☐ CVD
- ☐ CKD
- ☐ Dyslipidemia
- ☐ Hypertension
- ☐ Neuropathy
- ☐ Obesity
- ☐ Retinopathy
- ☐ Sleep Apnea
- ☐ Smoking
- ☐ Thyroid Disease
- ☐ Other:

Barriers to Self-Care
- ☐ Cognitive Impairment
- ☐ Financial
- ☐ Hearing
- ☐ Literacy
- ☐ Mental Health
- ☐ Physical Limitations
- ☐ Substance Misuse
- ☐ Visual Impairment
- ☐ Other:

Type of Consultation required:
- ☐ Interdisciplinary team only
- ☐ Endocrinologist and interdisciplinary team
- ☐ Endocrinologist consultation only

* Nurse Practitioners (NPs) are part of the interdisciplinary team. Your patient may see the NPs to maximize therapies if deemed necessary by our team according to Diabetes Canada Guidelines. Your patient will still be seen by the endocrinologist at the earliest available date.

- ☐ **Chiropodist Services:** Foot wound *(provide details)*

Please note:
Referrals for nail care services will not be accepted

Additional Information:

Referring Physician/NP Information

Referring Physician/ NP Name (Print) Signature:	Billing Number:	Date: dd/mm/yy