

# Hamilton Niagara Haldimand Brant - Diabetes Education Program - Referral Form

Serving Hamilton, Niagara, Haldimand, Norfolk, Burlington and Brant

<b>Referring Health Service Provider (or stamp)</b>		<b>Referral Date:</b> <u>mm/dd/yyyy</u>	
Name: _____		Please check one: <input type="checkbox"/> Niagara Zone: Fax - 1-905-682-3622 <input type="checkbox"/> Hamilton/Burlington Zone: Fax -1-905-521-6128 <input type="checkbox"/> Haldimand Norfolk Brant: Fax - 1-519-751-5862 <input type="checkbox"/> Direct Referral - See page 2	
Organization Name: _____			
Phone #: _____	Billing #: _____		
Signature: _____			
<b>Patient Information</b>			
Name: _____		Gender: _____	DOB: _____
Address: _____			
City: _____		Postal Code: _____	Health Card #: _____
Contact Number: _____		Alternate Contact: _____	
Preferred Language of Service: _____		Translation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Care Provider: _____		Client's Preferred Location: _____	
<b>Reason for Referral:</b>			
<input type="checkbox"/> Insulin Start	<input type="checkbox"/> New Diagnosis of Diabetes	Is this referral urgent?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other: _____			
<b>Type of Diabetes:</b>			
<input type="checkbox"/> Type 1 MDI	<input type="checkbox"/> Type 1 Pump	<input type="checkbox"/> Type 2	<input type="checkbox"/> Pre-diabetes <input type="checkbox"/> At Risk
<input type="checkbox"/> Paediatric	<input type="checkbox"/> Gestational _____ # wks pregnant	<input type="checkbox"/> Pregnant Type 1 _____ # Weeks	<input type="checkbox"/> Pregnant Type 2 _____ # Weeks <input type="checkbox"/> Other
<b>Relevant Medical History OR</b> <input type="checkbox"/> <b>Most Recent Clinic Note Attached</b>			
<b>Labs:</b>	Please attach most recent relevant lab results.		*For Gestational – attach 50gm/75gm OGTT
<b>Medications:</b>	Please attach most recent medication list.		
<b>New Insulin Order:</b>	<input type="checkbox"/> Initiation <input type="checkbox"/> Change:	*Please ask client to fill prescription and bring to appointment	
<b>Order Set:</b>	<input type="checkbox"/> Completed below	or	<input type="checkbox"/> Canadian Diabetes Association Insulin Prescription Form Attached
Insulin Type:		<input type="checkbox"/> Adjust insulin by 1-2 units or up to 20% prn to achieve CDA glycemic target of ac 4-7mmol/L and pc 5-10mmol/L or individual target of: _____	
Dose and Time:			
Insulin Type:		<input type="checkbox"/> Adjust insulin by 1-2 units or up to 20% prn to achieve CDA glycemic target of ac 4-7mmol/L and pc 5-10mmol/L or individual target of: _____	
Dose and Time:			
Oral Anti-Hyperglycemic Agents:	<input type="checkbox"/> Start:		
	<input type="checkbox"/> Discontinue:		
	<input type="checkbox"/> Continue:		

## Hamilton Niagara Haldimand Brant - Diabetes Education Programs Locations and Contact Information

<b>Hamilton Burlington Zone</b> Fax: 1-905-521-6128 or Phone: 1-877-521-4530			
Caroline Family Health Team	ADULT	3305 Harvester Road, Units 15-20 Burlington	Phone: 905-632-8007 Fax: 905-681-6341
De dwa da dehs nye>s Aboriginal Health Centre	ADULT	678 Main Street East, Hamilton	Phone: 905-544-4320 Fax: 905-544-4247
Centre de santé	ADULT FRANCOPHONE	1320 Barton Street East, Hamilton	Phone: 905-528-0163 Fax: 905-528-9001
Joseph Brant Hospital	PAEDIATRIC GESTATIONAL	1230 North Shore Blvd E, Burlington	Phone: 905-632-3737 Ext. 5510 Fax: 905-681-4884
Halton Diabetes Program	ADULT	1182 North Shore Blvd. East, Burlington	Phone: 1-855-223-6847 Fax: 1-855-338-0442
Hamilton Health Sciences	ADULT, GEST., PAEDIATRIC	1200 Main Street West, Hamilton Paeds: Ext. 78517 Adult: Ext. 76061	Phone: 905-521-2100 Fax: 905-521-2653
North Hamilton Community Health Centre	ADULT	438 Hughson Street North, Hamilton	Phone: 905-523-6611 Fax: 905-667-8859
St. Joseph's Healthcare Hamilton	ADULT GESTATIONAL	100 West 5 <sup>th</sup> Street, Hamilton	Phone: 905-522-1155 Ext. 32045 Fax: 905-521-6128
<b>Niagara Zone</b> Fax: 1-905-682-3622 or Phone: 1-800-263-2480			
Bridges Community Health Centre	ADULT	1485 Garrison Road, Fort Erie 177 King Street, Port Colborne	Fax: 905-871-9135 Fax: 905-835-7756
Garden City Family Health Team	ADULT	22 Ontario Street, St. Catharines	Phone: 905-984-3335 Fax: 905-984-6008
Centre de santé	ADULT FRANCOPHONE	810 East Main Street, Welland	Phone: 905-734-1141 Fax: 905-734-1017
Niagara Health System	ADULT, GEST., PAEDIATRIC	65 Third Street, Welland	Phone: 905-682-4200 Fax: 905-682-3622
Niagara Medical Group Family Health Team	ADULT	4421 Queen Street, Niagara Falls	Phone: 905-356-2236 x 265 Fax: 905-356-2765
Southern Ontario Aboriginal Diabetes Initiative	ADULT (Prevention & Education)	3250 Schmon Parkway, Thorold	Phone: 888-514-1370 Fax: 866-352-0485
<b>Haldimand Norfolk Brant Zone</b> Fax: 1-519-751-5862 or Phone: 1-844-209-8823			
Brant Community Healthcare System	ADULT, GEST., PAEDIATRIC	200 Terrace Hill Street, Brantford	Phone: 519-751-5544 Ext. 4267 Fax: 519-751-5862
De dwa da dehs nye>s Aboriginal Health Centre	ADULT	36 King Street, Brantford	Phone: 519-752-4340 Fax: 519-752-6096
Haldimand Norfolk Diabetes Program	ADULT	365 West Street, Simcoe	Phone: 519-426-0130 Ext. 4472 Fax: 519-429-6940
Six Nations Health Services	ADULT	1745 Chiefswood Road, Ohsweken	Phone: 519-445-2226 Fax: 519-445-0801

\*Note: Use of this form does not replace physician to physician referral for diabetes management.