

**COMPLETE ALL SECTIONS** AND FAX TO CENTRAL INTAKE: **705-325-4403**

REFER TO CENTRES WITH PEDIATRIC SERVICES (BARRIE / ORILLIA) FOR PATIENTS UNDER 18 YEARS OF AGE

**PATIENT INFORMATION**

(IF YOU HAVE A STICKER ENSURE THAT IT IS CLEAR AND IF NEED BE, OVERLAP THE TITLE ABOVE AND NOT PATIENT HEALTH QUESTIONS)

Name: \_\_\_\_\_ M  F  DOB: \_\_\_\_\_  
First Last Month Day Year

Street Address: \_\_\_\_\_ City/Town \_\_\_\_\_

Box/Mailing Address (if different): \_\_\_\_\_ Postal Code: \_\_\_\_\_

OHIP # \_\_\_\_\_ Day Phone #: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Evening Phone #: (\_\_\_\_) \_\_\_\_\_

**PATIENT HEALTH**

**Diagnosis:**  New Type 1  New Type 2  Pre-DM  DM in Pregnancy/Gestational  
 Previous Diagnosis Type 1  Previous Diagnosis Type 2 Year of Initial Diagnosis: \_\_\_\_\_ YEAR

**DM Treatment:**  Lifestyle/Diet Only  Oral Agents  Insulin & Oral Agents  
 Insulin Only  Insulin Pump  No Current Treatment

**Complications:**  Cardiovascular Disease  Nephropathy  Neuropathy/Wound  Retinopathy

**Vascular Risks:**  BMI>40  Dyslipidemia  Hypertension  Smoking

**Other:**  Disability/Physical Restriction  Gastrointestinal  Psychosocial  Pre/Post Bariatric  
 Mental Health Concern Other: \_\_\_\_\_

Comments: \_\_\_\_\_

**REASON FOR REFERRAL**

Overall Education or Refresher  Transition from Youth to Adult Program  
 Inpatient/Emerg Follow-Up:  Insulin Start (Additional info right):

Key Topics Required: \_\_\_\_\_  
 Paeds Program Attended: \_\_\_\_\_  
 Inpt/Emerg Issue: \_\_\_\_\_  
 Insulin Type: \_\_\_\_\_  
 Units: \_\_\_\_\_ Frequency: \_\_\_\_\_

Year patient last attended a DEP (Diabetes Education Program): \_\_\_\_\_ (NIL if Never or YEAR)

**REMEMBER**  
to Attach  
**Labs & Med Lists**

**CARE PROVIDERS**

PCP Name: \_\_\_\_\_ PCP's Phone: \_\_\_\_\_

Or check,  Patient has no LOCAL Primary Care Provider and we will provide the patient with information for Health Care Connect.

Referring Provider Name: \_\_\_\_\_ Referring Organization/Hospital: \_\_\_\_\_

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

