

DIABETES HEALTH REFERRAL FORM

Phone: 807-344-3422 / FAX: 807-346-8006
 St. Joseph's Heritage Building
 63 Carrie St. Thunder Bay, ON, P7A 4J2

Client Information (Print clearly or place client label)

First Name: _____ Last Name: _____
 Address: _____ Postal Code: _____
 City/Community: _____ DOB (DD/MM/YY): _____
 Health Card #: _____ Telephone: _____
 Other Contact Name: _____ Other Contact Telephone: _____
 Interpreter Required: N / Y Language: _____ Family Practitioner: N / Y Name: _____

Type of Referral: ☐ Adult ☐ Pediatric

Diabetes Diagnosis:

☐ New Type 2 ☐ Existing Type 2 ☐ Pre-Diabetes ☐ GDM ☐ Type 2 Pregnant
☐ New Type 1 ☐ Existing Type 1 (on an insulin pump: N / Y) ☐ Type 1 Pregnant

Year of Diagnosis: _____

Reason for Referral (check all that apply)

☐ Diabetes Education ☐ Medication Assessment ☐ Insulin Pump Information ☐ Sensor Information ☐ Insulin Education
☐ Persistent Hyperglycemia ☐ Ongoing Hypoglycemia ☐ Other: _____

Medical History:

☐ Cardiovascular Disease ☐ Hypertension
☐ Dyslipidemia ☐ Retinopathy
☐ Neuropathy ☐ Nephropathy
☐ Mental Health ☐ Thyroid
☐ Overweight/Obesity ☐ Drug / Alcohol Abuse
 Others: _____

Pharmacy: _____

List and/or attach Diabetes Medications:

☐ Oral Meds:
☐ Insulin(s):
☐ Injectable:
☐ Use of glucose sensor:

Challenges /Barriers:

☐ Developmental ☐ Finance ☐ Social Supports
☐ Visual ☐ Hearing ☐ Physical ☐ Mobility
 Others: _____

Recent Labs (within 3 months):

☐ Attached (A1C, eGFR, Lipids, Urine ACR)

Recent Glucose Trends: _____

Additional Comments:

Referring Provider: (Please clearly record or stamp)

Name: _____

Date: _____

Diabetes Health Section

DIABETES HEALTH PROGRAM INFORMATION

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About Our Program

- We are an out-patient diabetes education program that promotes self management
- Our program includes Registered Dietitians & Registered Nurses
- Our Registered Social Workers offer counselling services to active clients
- We provide regional services for pediatrics and insulin pump therapy
- We do not have a prescriber on site. All diabetes prescriptions must go through the clients primary care provider or walk in clinic
- This program is unable to provide weight management services, foot care services or financial support
- We are an Assisted Devices Program for government insulin pump and glucose monitor funding

Referral Guidelines

- Form to be completed in entirety or attach required information. Incomplete referrals will not be accepted
- Please ensure blood work is within 3 months of the referral date
- We accept referrals from primary care, any health care provider or self-referrals
- We accept all referrals for adult and pediatric clients that have a diagnoses of diabetes or prediabetes

Inpatient Referrals

- Consultation for inpatients at St. Joseph's Hospital may be provided
- We assist in inpatient paediatric diabetes management at the TBRHSC

Triaging Guidelines

We triage all referrals based on urgency. Wait times will vary depending on the levels of urgency and clinic capacity.

Urgent Level 1

- | | |
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| <ul style="list-style-type: none"> • Recent A1C > 10.0% or glucose levels > 20mmol/L • Newly diagnosed type 1 • Sudden onset or unexplained hypoglycemia • Diabetic Ketoacidosis (DKA) or Nonketotic Hyperosmolar Hyperglycemic State (HHS) • Gestational Diabetes or Pregnancy with pre-existing diabetes | Paediatrics <ul style="list-style-type: none"> • Newly diagnosed type 1 • Newly diagnosed type 2 with A1C >8.5% • Any current or recent hospital admission for DKA, severe hyperglycemia or hypoglycemia • Existing diabetes with A1C greater than 10.0% |
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Non-Urgent Level 2

- | | |
|---|---|
| <ul style="list-style-type: none"> • A1C >8.5% and <10.0% • Insulin start education • Change in medication | Paediatrics <ul style="list-style-type: none"> • Newly diagnosed type 2 with A1C <8.5% • Existing diabetes with A1C <10.0% |
|---|---|

Non-Urgent Level 3

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Existing with A1C <8.5% • Lifestyle Education • Self Management • Adult and paediatric prediabetes | Adult Type 2 Group Class <ul style="list-style-type: none"> • Newly diagnosed type 2 • Refresher for existing clients | Adult Prediabetes Group Class <ul style="list-style-type: none"> • Newly diagnosed prediabetes (A1C 6.0-6.4%) |
|--|--|---|

Adult Discharge Criteria

Clients will be discharged if education needs have been met. We offer a one-time group class for those with Prediabetes.