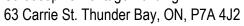


DIABETES HEALTH REFERRAL FORM

Phone: 807-344-3422 / FAX: 807-346-8006

St. Joseph's Heritage Building





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:		
LIT CARDIOVASCUIAL DISEASE I I I I TVDEHENSION	□ Insulin(s): □ Injectable:	
Challenges /Barriers: Developmental Finance Social Supports Visual Hearing Physical Mobility Others: Recent Labs (within 3 months): Attached (A1C, eGFR, Lipids, Urine A Recent Glucose Trends:	ACR)	
Additional Comments:		
Referring Provider: (Please clearly record or stamp) Name: Diabetes Health Section Date:		



DIABETES HEALTH PROGRAM INFORMATION

Phone: 807-344-3422 / FAX: 807-346-8006

St. Joseph's Heritage Building

63 Carrie St. Thunder Bay, ON, P7A 4J2



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

- 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 preexisting diabetes

Paediatrics

- 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%

Non-Urgent Level 2

- A1C >8.5% and <10.0%
- Insulin start education
- Change in medication

- Paediatrics
 - Newly diagnosed type 2 with A1C <8.5%
- Existing diabetes with A1C <10.0%

Non-Urgent Level 3

- Existing with A1C <8.5%
- Lifestyle Education
- Self Management
- Adult and paediatric prediabetes
- Adult Type 2 Group Class
- Newly diagnosed type 2
- Refresher for existing clients
- Adult Prediabetes Group Class
 - 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.