



Haldimand Norfolk Diabetes Program Referral Form

Referral From: currMdName		Date: currentDate.short
Lab Results/Dates		Patient Information
HgbA1C: ...C].latest_value Total Chol: ...HOL].latest_value ...].date_of_latest ...L].date_of_latest Hgb: ...Hb].latest_value LDL: ...LDL].latest_value ...].date_of_latest ...L].date_of_latest FBS: ...S].latest_value HDL: ...HDL].latest_value ...].date_of_latest ...L].date_of_latest Creatinine: ...r].latest_value Triglycerides: ...].latest_value ...r].date_of_latest ...G].date_of_latest eGFR: ...FR].latest_value NON HDL: ...HDL].latest_value ...R].date_of_latest ...L].date_of_latest Other: (See Attached)		Name: patName Address: patAddressLabel Postal Code: patPostalCode Telephone: patHomePhone.default Physician: patFam.fullName DOB: patBirthdate.short
Reason for Referral: <input type="checkbox"/> Currently in Hospital (Approx. Discharge Date) <input type="checkbox"/> Outpatient Education <input type="checkbox"/> Insulin Start/ Adjustment (Medication Order Attached) <input type="checkbox"/> Other		
Priority		
Urgent <input type="checkbox"/> A1C >9.0% <input type="checkbox"/> Newly diagnosed Type 1 <input type="checkbox"/> Type 2-symptoms / Newly diagnosed with blood glucose >20mmol/L <input type="checkbox"/> Insulin Initiation <input type="checkbox"/> ER Admission follow up <input type="checkbox"/> Recent treatment for DKA or severe hypoglycemia <input type="checkbox"/> Low risk Gestational diabetes	Soon <input type="checkbox"/> A1C >7.5% <input type="checkbox"/> Recurrent hypoglycemia <input type="checkbox"/> Diabetes symptoms or complications severely impairing daily functioning or likely to rapidly lead to irreversible deterioration in health <input type="checkbox"/> Inpatient admission follow up <input type="checkbox"/> Foot Ulcer	Routine / Non-Urgent <input type="checkbox"/> A1C <7.5% <input type="checkbox"/> Type 1 or 2 needing change of dose or type of insulin <input type="checkbox"/> Type 2 - Newly diagnosed without marked symptoms <input type="checkbox"/> Type 1 or 2 with good glycemic control <input type="checkbox"/> Type 1 or 2 needing education on diabetes treatment options and prevention of complications <input type="checkbox"/> Prediabetes or at risk for diabetes
Medications		*Allergies: patALLR
Diabetes Medication (Type and Dose) (See Attached)		
Other Medications		
Significant Health Problems		
<input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Retinopathy <input type="checkbox"/> Foot / Skin Problems	<input type="checkbox"/> Hypertension <input type="checkbox"/> Nephropathy <input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> Hyperlipidemia <input type="checkbox"/> Neuropathy <input type="checkbox"/> PCOS <input type="checkbox"/> Peripheral Vascular Disease <input type="checkbox"/> Mental Health/Cognitive Concerns <input type="checkbox"/> Other
Please fax to the site most appropriate for the patient		
<input type="checkbox"/> Norfolk General Hospital Simcoe 519-429-6940	<input type="checkbox"/> West Haldimand General Hospital Hagersville 289-283-3001	<input type="checkbox"/> Haldimand War Memorial Hospital Dunnville 905-774-4455