



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	Name: patName
Hgb: ...Hb].latest_value LDL: ...LDL].latest_value ...].date_of_latest ...L].date_of_latest	Address: patAddressLabel
FBS: ...S].latest_value HDL: ...HDL].latest_value ...].date_of_latest ...L].date_of_latest	Postal Code: patPostalCode
Creatinine: ...r].latest_value Triglycerides: ...].latest_value ...r].date_of_latest ...G].date_of_latest	Telephone: patHomePhone.default
eGFR: ...FR].latest_value NON HDL: ...HDL].latest_value ...R].date_of_latest ...L].date_of_latest	Physician: patFam.fullName
Other: (See Attached)	DOB: patBirthdate.short

Reason for Referral: Currently in Hospital (Approx. Discharge Date) Outpatient Education
 Insulin Start/ Adjustment (Medication Order Attached) Other

Priority

Urgent	Soon	Routine / Non-Urgent
<input type="checkbox"/> A1C >9.0%	<input type="checkbox"/> A1C >7.5%	<input type="checkbox"/> A1C <7.5%
<input type="checkbox"/> Newly diagnosed Type 1	<input type="checkbox"/> Recurrent hypoglycemia	<input type="checkbox"/> Type 1 or 2 needing change of dose or type of insulin
<input type="checkbox"/> Type 2-symptoms / Newly diagnosed with blood glucose >20mmol/L	<input type="checkbox"/> Diabetes symptoms or complications severely impairing daily functioning or likely to rapidly lead to irreversible deterioration in health	<input type="checkbox"/> Type 2 - Newly diagnosed without marked symptoms
<input type="checkbox"/> Insulin Initiation	<input type="checkbox"/> Inpatient admission follow up	<input type="checkbox"/> Type 1 or 2 with good glycemic control
<input type="checkbox"/> ER Admission follow up	<input type="checkbox"/> Foot Ulcer	<input type="checkbox"/> Type 1 or 2 needing education on diabetes treatment options and prevention of complications
<input type="checkbox"/> Recent treatment for DKA or severe hypoglycemia		<input type="checkbox"/> Prediabetes or at risk for diabetes
<input type="checkbox"/> Low risk Gestational 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"/> Hypertension	<input type="checkbox"/> Hyperlipidemia	<input type="checkbox"/> Peripheral Vascular Disease
<input type="checkbox"/> Retinopathy	<input type="checkbox"/> Nephropathy	<input type="checkbox"/> Neuropathy	<input type="checkbox"/> Mental Health/Cognitive Concerns
<input type="checkbox"/> Foot / Skin Problems	<input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> PCOS	<input type="checkbox"/> Other

Please fax to the site most appropriate for the patient

<input type="checkbox"/> Norfolk General Hospital Simcoe	<input type="checkbox"/> West Haldimand General Hospital Hagersville	<input type="checkbox"/> Haldimand War Memorial Hospital Dunnville
519-429-6940	289-283-3001	905-774-4455