Carefirst Family Health Team
Diabetes Education Program Referral Form

FAX: 905-695-0826
TEL: 905-695-1140

☐ **Richmond Hill Site**	☐ **Scarborough Site**
420 Hwy 7 East, Unit 27 Richmond Hill ON L4B 3K2	300 Silver Star Blvd, 2/F Scarborough ON M1V 0G2 (McNicoll Ave & Midland Ave)

Patient Name: _____ ☐ Male ☐ Female
Last *First*

DOB: _____/_____/_____ **Health Card #:** _____ **Version Code:** ____
YYYY *MM* *DD*

Address: _____
Street Number *Street Name* *Unit/Apt* *City* *Postal Code*

Home Phone: _____ **Cell Phone:** _____ **Email :** _____

Type of Diabetes: ☐ Type 2 ☐ Pre-Diabetes ☐ At risk **Month/Year of diagnosis:** _____

☐ I authorize an Endocrinologist to see this patient IF AVAILABLE ON SITE.

Language: ☐ English ☐ Cantonese ☐ Mandarin ☐ Tamil ☐ Hindi/Urdu ☐ Gujarati ☐ Other: _____

Relevant Medical History:

☐ Hypertension	☐ Nephropathy	☐ Dyslipidemia	☐ Exercise restrictions
☐ CAD	☐ Retinopathy	☐ Obesity	☐ Other
☐ PAD	☐ Neuropathy	☐ Foot problems	

Relevant Psychosocial History (please list)**:**

Referral to Social Worker at Carefirst Diabetes Education Program: ☐ Yes ☐ No

Relevant Medication History (please list)**:** ☐ Most recent medication list attached

☐ Oral Diabetes Meds:	☐ Insulin/GLP-1 analog:	
☐ ACEi/ARB:	☐ Statin:	☐ Other:

Physician's Orders for Injectable Initiation and Adjustment:

☐ Insulin Initiation Insulin: _____ Dose & Time: _____

☐ GLP-1 Analog Initiation GLP-1 Analog: _____ Dose & Time: _____

☐ Diabetes Educator will teach patient insulin dose adjustment by 1-2 units or 10-20% of total daily dose
☐ Insulin carbohydrate ratio and carbohydrate counting

Laboratory Results: Please attach lab report including A1C completed within the last 3-6 months, and latest lipid profile, renal function and ACR.

Referring Physician Information

Name: Phone:

Address: Fax:

Physician Signature: _____ **Date :** _____