Mississauga Halton Diabetes Services Referral Form

PHONE # 1-855-223-6847 FAX # 905-338-0442 *(Toll Free:1-855-338-0442)*

www.maximizeyourhealth.ca

Patient Information □ **Adult** □ **Pediatrics** (<17 Years)

Last name: First name: □ Male □ Female

DOB(dd/mm/yyyy): OHIP#: Other language:

Phone: Email:

Address: Postal Code:

PRIORITY OF REFERRAL (See reverse for Guidelines) □ **Urgent** □ **Non-Urgent** □ **CCDC**

Reason For Referral:

Patient Preferred Program:

Diabetes Diagnosis **Duration In Years** □ New □ 1-5 □ 5-10 □ 10+

□ Type 1 □ Steroid-Induced □ Type 2 □ Pre-diabetes	**Gestational Diabetes** □ Attach blood work □ Pre-existing Diabetes EDC: (dd/mm/yyyy) ***Delivery Hospital:*** **THP:** □ CVH □ MH **HHS:** □ GH □ MDH □ OTMH

Complications and Risks □ **None**

□ Hypertension	□ Dyslipidemia	□ PVD □ Foot Ulcers	□ CVD	□ Neuropathy	□ CKD	□ Retinopathy	□ Other (Please Specify)
□ Cognitive Impairment	□ Depression	□ Substance Abuse	□ Smoker	□ Speech Impairment	□ Obesity	□ Mobility Impairment	

Assessment Data □ **Lab Results Attached**

BP	**Date of Lab Findings** (dd/mm/yyyy)	FBG	A1C	LDL	eGFR	ACR

Current Medications Please provide (name/dose/frequency) □ **List attached**

HOSPITAL USE ONLY: IS THIS PATIENT BEING DISCHARGED FROM A HOSPITAL?

□ No □ Yes □ Inpatient □ Emergency

Hospital Site THP: □ CVH □ MH HHS: □ GH □ MDH □ OTMH

Family Physician: □ **The client does NOT have a primary care physician**

Referral Source Information

I am a: □ MD □ NP □ Self □ Mobile DEP □ Pharmacist □ Other:_________________________

Print Name: **Phone:**

Address: **Fax:**

Referral Date:

Signature Required for the Following:

□ *Insulin Initiation Education by RN and/or RD (Must be accompanied by completed OCFP insulin prescription form)*

□ *Refer the client to an Endocrinologist (state name: _______________________________________)*

□ *Refer to Chronic Disease Self Management Program (Maximize Your Health)*

Signature: **Billing #:**

Questions? Please contact MHReferrals@mhcentralintake.com

Guidelines for Referral

URGENT

- Uncontrolled Diabetes
  - *BG > 20mmol/L*
  - *Ketonuria > 1.5mmol/L*
- Newly Diagnosed Type 1
- Pediatric (≤ 17)
- Recent Treatment For:
  - *Diabetic ketoacidosis*
  - *Severe hypoglycemia*
  - *Nonketotic hyperosmolar hyperglycemia*
- Gestational Diabetes
- Pregnancy with Pre-existing Diabetes
- Inpatient Admission Follow-up
- Emergency Room Admission follow-up

NON- URGENT

- Pre-Diabetes
- Type 2
- Insulin Pump
- Type 2 insulin
- Type 1 Follow-up
- Steroid Induced

CENTRE FOR COMPLEX DIABETES CARE (CCDC)

- Pre existing & uncontrolled diabetes (A1C>9%) **AND** 1 or more other conditions that negatively impact glycemic control
- Recurrent ER visits or hospitalizations for DKA, severe hypoglycemia, or non-ketotic hyperosmolar hyperglycemia
- Complex medical and/or psychosocial conditions that negatively impact diabetes self-care regardless of A1C (e.g. renal failure/dialysis, CHF, malignancy, COPD, severe persistent mental health or cognitive concerns, financial stress, difficulty accessing care)
- Non-healing diabetic ulcer/wound (or at high risk of developing)

Patients who do not meet the referral criteria will automatically be referred to the local Diabetes Education Program

INSULIN ORDERS

- Please complete and attach Ontario College of Family Physicians (OCFP) Insulin Prescription Form for all insulin initiation and titration orders
- Obtain OCFP Insulin Prescription form: www.maximzeyourhealth.ca **or** www.ocfp.on.ca

PATIENT INSTRUCTIONS

Patient asked to bring the following:

- List of Medications
- Meter
- Log Book
- Food Record

Diabetes Services in Mississauga-Halton Region

	Credit Valley FHT	Diabetes Care Centre (Credit Valley Hospital)	Diabetes Management Centre (Mississauga Hospital)	Halton Diabetes Program (Oakville, Milton, Georgetown, Burlington)	West Toronto Diabetes Education Program	Centre for Complex Diabetes Care (Halton,Mississauga)
Type 1	•	•	•	•		•
Type 2	•	•	•	•	•	•
Lifestyle	•		•	•	•	•
Oral Agents	•	•	•	•	•	•
Insulin	•	•	•	•	•	•
Inter-Disciplinary Team			•	•		•
Pregnancy		•	•	•		
Pre-Diabetes	•		•	•	•	
Insulin Pump		•	•	•		•
Pediatric		•	•			
French	•					
Extended Hours			•	•		•
Other Languages			•	•	•	•

Mississauga-Halton Central Intake Program

PHONE # 1-855-223-6847 FAX # 905-338-0442 (Toll Free:1-855-338-0442)

For Additional Copies, please visit www.maximizeyourhealth.ca