Hamilton Niagara Haldimand Brant - Diabetes Education Program - Referral Form

Serving Hamilton, Niagara, Haldimand, Norfolk, Burlington and Brant

Referring Health Service Provider (or stamp)	**Referral Date**: mm/dd/yyyy
Name: _____ Organization Name: _____ Phone #: _____ Billing #: _____ Signature: _____	Please check one: ☐ Niagara Zone: Fax - 1-905-682-3622 ☐ Hamilton/Burlington Zone: Fax -1-905-521-6128 ☐ Haldimand Norfolk Brant: Fax - 1-519-751-5862 ☐ Direct Referral - See page 2

Patient Information

Name: _____ Gender: _____ DOB: _____

Address: _____

City: _____ Postal Code: _____ Health Card #: _____

Contact Number: _____ Alternate Contact: _____

Preferred Language of Service: _____ Translation Required? ☐ Yes ☐ No

Primary Care Provider: _____ Client's Preferred Location: _____

Reason for Referral:

☐ Insulin Start ☐ New Diagnosis of Diabetes Is this referral urgent? ☐ YES ☐ NO

Other:

Type of Diabetes:

☐ Type 1 MDI ☐ Type 1 Pump ☐ Type 2 ☐ Pre-diabetes ☐ At Risk

☐ Paediatric ☐ Gestational ____# wks pregnant ☐ Pregnant Type 1 _____# Weeks ☐ Pregnant Type 2 _____# Weeks ☐ Other

Relevant Medical History OR ☐ **Most Recent Clinic Note Attached**

Labs:	Please attach most recent relevant lab results.	*For Gestational – attach 50gm/75gm OGTT
Medications:	Please attach most recent medication list.	

New Insulin Order: ☐ Initiation ☐ Change: *Please ask client to fill prescription and bring to appointment

Order Set: ☐ Completed below **or** ☐ Canadian Diabetes Association Insulin Prescription Form Attached

Insulin Type:		☐ Adjust insulin by 1-2 units or up to 20% prn to achieve CDA glycemic target of ac 4-7mmol/L and pc 5-10mmol/L or individual target of: _____
Dose and Time:		
Insulin Type:		☐ Adjust insulin by 1-2 units or up to 20% prn to achieve CDA glycemic target of ac 4-7mmol/L and pc 5-10mmol/L or individual target of: _____
Dose and Time:		
Oral Anti-Hyperglycemic Agents:	☐ Start:	
	☐ Discontinue:	
	☐ Continue:	

For Internal Use Only – Date Received at Central Intake: _____ Date Received at Destination DEP: _____

Hamilton Niagara Haldimand Brant - Diabetes Education Programs
Locations and Contact Information

Hamilton Burlington Zone Fax: 1-905-521-6128 or Phone: 1-877-521-4530			
Caroline Family Health Team	ADULT	3305 Harvester Road, Units 15-20 Burlington	Phone: 905-632-8007 Fax: 905-681-6341
De dwa da dehs nye>s Aboriginal Health Centre	ADULT	678 Main Street East, Hamilton	Phone: 905-544-4320 Fax: 905-544-4247
Centre de santé Communautaire Hamilton/Niagara	ADULT, FRANCOPHONE	1320 Barton Street East, Hamilton	Phone: 905-528-0163 Fax: 905-528-9001
Joseph Brant Hospital	PAEDIATRIC, GESTATIONAL	1230 North Shore Blvd East, Burlington	Phone: 905-632-3737 Ext. 5510 Fax: 905-681-4884
Halton Diabetes Program	ADULT	1182 North Shore Blvd. East, Burlington	Phone: 905-338-4437 or 1-844-739-0020 Fax: 1-855-338-0442
Hamilton Health Sciences	ADULT, GESTATIONAL, PAEDIATRIC	1200 Main Street West, Hamilton Paeds: Ext. 78517 Adult: Ext. 78988	Phone: 905-521-2100 Fax: 905-521-2653
North Hamilton Community Health Centre	ADULT	438 Hughson Street North, Hamilton	Phone: 905-523-6611 Fax: 905-667-8859
St. Joseph's Healthcare Hamilton	ADULT GESTATIONAL	100 West 5th Street, Hamilton	Phone: 905-522-1155 Ext. 32045 Fax: 905-521-6128
Niagara Zone Fax: 1-905-682-3622 or Phone: 1-800-263-2480			
Bridges Community Health Centre	ADULT	1485 Garrison Road, Fort Erie 380 Elm Street, Port Colborne	Phone: 905-871-7261 289-479-5017 Fax: 905-871-9135/905-835-7756
Niagara North Diabetes Education Program	ADULT	22 Ontario Street, St. Catharines	Phone: 905-984-3335 Fax: 905-984-6008
Centre de santé Communautaire Hamilton/Niagara	ADULT, FRANCOPHONE	810 East Main Street, Welland	Phone: 905-734-1141 Fax: 905-734-1017
Niagara Health System	ADULT, GEST., PAEDIATRIC	65 Third Street, Welland 1200 Fourth Ave, St.Catharines 5546 Portage rd, Niagara Falls 169 Main st E, Grimsby	Phone: 905-682-4200 Fax: 905-682-3622
Niagara Medical Group Family Health Team	ADULT	4421 Queen Street, Niagara Falls	Phone: 905-356-2236 x 265 Fax: 905-356-2765
Indigenous Diabetes Health Circle	ADULT (Prevention & Education)	3250 Schmon Parkway, Thorold	Phone: 888-514-1370 Fax: 866-352-0485
Haldimand Norfolk Brant Zone Fax: 1-519-751-5862 or Phone: 1-844-209-8823			
Brant Community Healthcare System	ADULT GESTATIONAL	200 Terrace Hill Street, Brantford	Phone: 519-751-5544 Ext. 4267 Fax: 519-751-5862
De dwa da dehs nye>s Aboriginal Health Centre	ADULT	36 King Street, Brantford	Phone: 519-752-4340 Fax: 519-752-6096
Haldimand Norfolk Diabetes Program	ADULT	365 West Street, Simcoe 75 Parkview Rd, Hagersville 206 John St, Dunnville	Phone: 519-426-0130 Ext. 4472 905-768-3311 ext 2191 905-774-7431 ext 1232
Six Nations Health Services	ADULT	1745 Chiefswood Road, Ohsweken	Phone: 519-445-2226 Ext 2291 Fax: 519-445-0801

*Note: Use of this form does not replace physician to physician referral for diabetes management.