MARKHAM STOUFFVILLE HOSPITAL CORPORATION

OUTPATIENT ADULT DIABETES EDUCTION REFERRAL

Forward to Diabetes Education Center at Markham Stouffville Hospital

☐ Health Services Building 3rd Floor
379 Church Street. Fax: 905-472-7533
Markham, ON. L6B 0T1 Ph: 905-472-7527 (ext 1)

☐ Uxbridge Site
4 Campbell Drive Fax: 905-852-2460
Uxbridge, ON, L9P 1S4 Ph: 905-852-9771 (ext 5260)

Name:	Gender: ☐ M ☐ F DOB (dd/mm/yyyy)
Address:	Hm. Phone # Wk. Phone #
City: Postal code:	Health Card #
Language spoken: ☐ English ☐ South Asian ☐ Cantonese ☐ Other	Is translation required? ☐ Yes ☐ No
Referring MD:	Phone #: Fax #:

TYPE OF DIABETES Date of Diagnosis: _____

☐ Type 1
☐ Type 2
☐ Prediabetes (Impaired Glucose Tolerance)

☐ Gestational Diabetes (_____ weeks)
☐ Type 1 in Pregnancy (_____ weeks)
☐ Type 2 in Pregnancy (_____ weeks)
☐ Impaired GTT of Pregnancy (_____ weeks)

For Gestational Diabetes, will see Endocrinologist at DEC discretion

REASON FOR REFERRAL TO DEC

HEALTH HISTORY

☐ **See attached**
☐ Cardiac Hx _____
☐ Vascular disease
☐ Hypertension
☐ Neuropathy
☐ Retinopathy
☐ Nephropathy
☐ Mental Health Concerns
☐ Dyslipidemia
☐ Foot/Skin Problems
☐ Obesity
☐ Exercise Restrictions
☐ Other _____

Allergies: ☐ NKA

LAB DATA (WITHIN THE LAST 3 MONTHS) ☐ **See attached**

Date	FBG/RBG	HbA1C	CHOL	HDL	LDL	TRIG	Creatinine	Microalbumin/Creatinine Ratio

GESTATIONAL GTT: Test date:_____ _____grams FBG_____ 1hr_____ 2hr_____

CURRENT DIABETIC MEDICATIONS / DOSE / TIMING:
Oral Hypoglycemic Agents:

INSULIN:

OTHER MEDICATIONS:

INSULIN START / ADJUSTMENT:

☐ Request DEC educators make recommendations and fax back to physican's office for authorization

OR

☐ See attached Markham Stouffville Hospital corporation DEC "Orders for Treatment / Insulin Initiation / Adjustment" form

Please note - To request an Endocrinology consult in addition to Diabetes Education:

☐ For Dr. L. Bishara, check box and fax form to Dr. Bishara's office (905-201-4956) **AND** the DEC (905-472-7533)
☐ For Dr. E Kogan, check box and fax to DEC (905-472-7533)
☐ For Dr. P. Tsao, check box and fax to DEC (905-472-7533) for **Markham site OR**
Dr. Tsao's office (1-905-305-8685) for **Uxbridge site**

NOTE: Patient will be contacted directly by the clinic with date & time of DEC visit.