Vancouver CoastalHealth
Promoting wellness. Ensuring care.

Richmond
Diabetes Education Centre Referral
Phone: 604-244-5163- **DRAFT

FAX completed forms to: 604-244-5571

CURRENT PATIENT INFORMATION (Please Print Clearly)

Name:_____
Last Name First Name

Address:_____

City_____ Postal Code _____

Contact Phone:_____ Other _____

*** EMAIL ADDRESSS :**

PHN #:_____

Birthdate: _____
(dd / mm / yy)

Age: _____ Gender: ☐ M ☐ F

LANGUAGE Translator required ☐ Yes ☐ No

☐ Cantonese ☐ Mandarin ☐ Other Language:

GROUP EDUCATION CLASS: * REQUIRE's patient's EMAIL ADDRESS ** : _____

☐ Pre-Diabetes Class	☐ Type 2 Diabetes Class Group Class **implies consent** for the client to be seen by Nurse Dietitian **and** Doctor	☐ Pregnant: ☐ EDC _____ ☐ Type 1 ☐ Type 2 ☐ GDM ☐ IGT

INDIVIDUAL APPOINTMENT:

☐ Dietitian ☐ Nurse Educator ☐ Endocrinologist (MUST meet criteria on back)

- A1c _____

Diabetes Type _____ DATE of DIAGNOSIS _____

☐ Type 1 Diabetic patients are seen Individually: ☐ Newly Diagnosed ☐ Pre-Existing

☐ Frail Elderly ☐ Cognitive Impairment _____ ☐ Language _____

☐ Barriers to Education (Hearing or Vision or Other) _____

INSULIN START/CHANGE REQUESTS (INSULIN Rx REQUIRED)

☐ Insulin Orders - **Rx REQUIRED**:

Type (NAME) of Insulin _____

Dose _____

Time _____

☐ Titration Orders: Increase by_____ units at _____ (time of insulin) every 2nd day until target BS is reached

TARGET BLOOD SUGARS are under_____ (Blood sugar) TIME (am, before dinner, HS) for 5-7 days. Then reassess by referring doctor.

Other Diabetic Medications:_____
Name / Dose / Time

CURRENT HEALTH INFORMATION (List or Attach)

List of All Medications:_____

_____

All Other Medical Conditions: _____

PLEASE ATTACH RELATED **LABS;** Lab Results: (FBS, RBS, **A1C**, Lipid Profile, OGTT, Serum Creatinine, Urine for ACR)

REFERRING PHYSICIAN INFORMATION

Name:_____

Address:_____

City_____ Postal Code _____

Signature:_____

Phone:_____

Fax: _____

Diabetes Education Centre Referral Form Instructions

DO NOT FAX THIS SIDE when referring patients to the centre. This information is for your use only.

PATIENT INFORMATION

Affix Label or Print clearly. Please make sure CURRENT patient contact information is included

LANGUAGE

An interpreter will be booked by our centre for any patients requiring translation in other Languages. Mandarin and Cantonese Nurse and Dietitian are on site.

GROUPZOOM EDUCATION CLASSES ** REQUIRED: PT EMAIL ADDRESS**

Pre-Diabetes Class taught RN and RD (1 class 2- hours)
Type 2 Class Taught by RN and RD (2 classes, each class is 3 hours)
GDM class is group session and regular follow–up individual appointments with RN and RD.

INDIVIDUAL APPOINTMENTS

Patients can consult with a dietitian, nurse educator or doctor.
Patients who find group participation difficult due to e.g., language, work schedule, vision, hearing, frailty, cognitive or behavior impairment may prefer to have individual appointments

Endocrinologist, doctor appointments can only be arranged if the referring Doctor gives permission.

****Current referral required- All booked appointments MUST have a referral <6months old attached. New referrals will be requested, if necessary.**

INSULIN START/CHANGES

For all New Insulin Starts a doctor's **prescription is required**

CURRENT HEALTH INFORMATION

Please include all Medical Health conditions on referral to assist the patient receive the best care from our clinicians
Patient reminded to bring medications/prescription to individual appointment only, not to class sessions
If patient is currently monitoring their blood sugar remind to bring in their blood sugar diary

PHYSICIAN INFORMATION (REFERRING)

Physicians will be notified if a patient does **not register** for class or individual appointment
Consult reports available, by individual office request, please contact our office for a written report.

DIABETES EDUCATION CENTRE – CONTACT INFORMATION

Telephone hours; Monday- Friday 8:30-3:30 at 604-244-5163