Referral Form
Diabetes Services

Fax: (905) 338-0442
Phone: (905) 338-2983
www.mhcentralintake.com

★Patient Information ***Patients must be 18 years of age or older***

Last name: First name: □ Male □ Female

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

Phone: Email:

Address: Postal Code:

Priority (See reverse for Guidelines) □ **Urgent** □ **Semi-Urgent** □ **Non-Urgent**

Reason For Referral:

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

Patient Preferred Program (see reverse for list):

Refer to Chronic Disease Self Management Program (Maximize Your Health) □ *Yes* □ *No*

★Diabetes Diagnosis

□ Type 1 □ Steroid-Induced

□ Type 2 □ Pre-diabetes

Duration In Years □ **New** □ **1-5** □ **6-10** □ **10+**

Diabetes in Pregnancy **Please attach blood work** **★EDC:** (dd/mm/yyyy)

□ Newly Diagnosed GDM □ Repeat GDM

□ Pre-existing Pre-Diabetes □ Pre-existing Type 2 □ Pre-existing Type 1

★***Delivery Hospital:*** **THP:** □ CVH □ MH **HHS:** □ GH □ MDH □ OTMH

Medical History

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

★Assessment Data □ **Lab Results Attached**

Date of Lab (dd/mm/yyyy)	FBG	★A1C	LDL	eGFR	ACR

★Current Medications Please provide (name/dose/frequency) □ **List attached** □ **No Diabetes Medications**

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

□ No □ Yes, Hospital Name _____ □ Inpatient □ ED

Is the patient currently seeing an endocrinologist (visit within last 12 months)?

□No □ Yes, Name: _____

I hereby authorize the following:

- ***Patients may receive consult with an affiliated endocrinologist as appropriate (see reverse for criteria)***
- ***Point of Care testing (blood/ketone) to be performed by a diabetes educator***

Primary Care Provider: □ **Patient does NOT have a PCP**

★Referring Provider Name : □ MD □ NP □ Other _____

Billing #:	Phone:
Signature:	Fax:
Referral Date:	Address

★ **MANDATORY INFORMATION**

Mississauga Halton Central Intake Program

Halton Healthcare
GEORGETOWN · MILTON · OAKVILLE

Guidelines for Referral

Priority

Urgent

- Uncontrolled Diabetes
  - *BG > 20mmol/L*
  - *Ketonuria > 2.0 mmol/L*
  - *A1C >13%*
- Recent Treatment For:
  - *Diabetic ketoacidosis*
  - *Severe / repeat hypoglycemia*
  - *Nonketotic hyperosmolar hyperglycemia*
- Newly Diagnosed Type 1
- Inpatient / Emergency Admission Follow-up with unstable blood glucose patterns
- Glucocorticoid induced hyperglycemia

Semi-Urgent	***Non-Urgent***
• A1C 11-13%	· Pre-Diabetes
• Pregnancy with Pre-existing DM	· Type 2 (newly diagnosed, insulin initiation & management)
• Gestational DM	· Insulin Pump
• Steroid Induced DM	· Type 1 Follow-up

Endocrinology Consult Criteria

The Diabetes Programs may utilize the following critieria to facilitate consult with their affiliated endocrinologist as part of the patient's diabetes management plan:

- Type 1 Diabetes, diagnosis clarification,pediatric transition
- Inpatient/ER discharge for unstable blood glucose pattern, DKA, HHS
- Glucocorticoid induced hyperglycemia
- Type 2 Diabetes - uncontrolled diabetes despite treatment, A1C>11%, and/or repeated hypoglycemia events
- Diabetes in pregnancy and pre-conception counselling

Insulin Initiation Orders

- Complete and attach Diabetes Canada Insulin Prescription Form for insulin initiation orders
- Obtain Insulin Prescription form: www.mhcentralintake.com

Diabetes Programs in Mississauga-Halton LHIN

	Credit Valley FHT	**Diabetes Management Centre**	**Halton Diabetes Program**	**West Toronto Diabetes Program**	**Centre for Complex Diabetes Care**	**LMC Diabetes & Endocrinology**
Type 1		•	•		•	•
Type 2	•	•	•	•	•	•
Lifestyle Management	•	•	•	•	•	•
Oral Agents	•	•	•	•	•	•
Insulin	•	•	•	•	•	•
Diabetes in Pregnancy		•	•			
Endocrinologist on site		•	•		•	•
Social worker		•	•		•	
Kinesiologist		•	•		•	
Prediabetes	•	•	•	•		•
Insulin pump/CGM		•	•		•	•
Pediatric transition		•	•			•
French team	•					
Extended hours	•	•	•	•	•	
Other Language	•	•	•	•	•	

Mississauga-Halton Central Intake Program

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To submit referrals online visit www.mhcentralintake.com/eReferral

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