



uOttawa

**The Healthy Lifestyle and Diabetes Program
The Ottawa Hospital Academic Family Health Team**

Referral Form

Client Name: _____

Address: _____

Phone: (H) _____ (W) _____

DOB (DD/MM/YYYY): ____ / ____ / ____

Referring healthcare provider name: _____

MD RD RN Other provider: _____

Address: _____

Phone: () _____

Fax: () _____

Diagnosis: **Type 2** **Type 2 with Insulin** **Pre-diabetes**

Please attach the following documents with the referral:

- Laboratory results including:
 - HgbA1C
 - Lipid profile
 - ACR
- Brief medical history
- List of medications

Check Requested Services:

- Diabetes group education with individualized and/or group follow-up
- Pre-diabetes group education with individualized follow-up

Fax form to: 613-761-4417

NOTES:

Education provided for: self-management classes and individual consults for adults 18 years and over with pre-diabetes and type 2 diabetes.

Services offered: by RN/RD teams. Day & evening classes offered.