

Outpatient Diabetes Health Centre Referral		IMPORTANT
Patient Information:		Please <u>attach</u> recent LAB RESULTS*: FBS RBS OGTT where indicated A1C (within 3 months) Lipid Profile GFR Albumin/Creatinine Ratio *Referral may be returned if not attached
Name: Last _____ First _____ Middle Initial _____ <input type="checkbox"/> M <input type="checkbox"/> F PHN: _____ DOB: _____ (d/m/y) Address: _____ Postal Code: _____ Phone: _____ (home) _____ (other) Insurance (MSP / WCB / Self-Pay / Out-of-Province / Non-Resident) – Circle appropriate Primary Language Spoken? _____ Is a family member assisting? <input type="checkbox"/> Yes <input type="checkbox"/> No Alt. Contact Name: _____ Phone: _____ Relationship: _____		
Reason for Referral:		
<input type="checkbox"/> Prediabetes - IFG/IGT <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Other-> _____ Date Diagnosed: _____ <input type="checkbox"/> Gestational <input type="checkbox"/> Pre/Pregnant Type1 <input type="checkbox"/> Pre/Pregnant Type 2 EDC: _____ <input type="checkbox"/> Prenatal record <input type="checkbox"/> Post Hospitalization Follow-up <input type="checkbox"/> Other: _____ <input type="checkbox"/> Insulin Start (requires a <u>filled</u> prescription to be brought to centre on teaching date) Starting Type & Dose* _____ *Must be included		
Diabetes Medications: (or attach medication record)	Other Medications:	
Self-Management Goals:		
Related Medical Issues:		
<input type="checkbox"/> Heart Disease <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Eye Disease <input type="checkbox"/> G.I. Problems <input type="checkbox"/> Hypertension <input type="checkbox"/> Foot Problems <input type="checkbox"/> Sexual Dysfunction <input type="checkbox"/> Depression <input type="checkbox"/> Mental Health <input type="checkbox"/> Respiratory/COPD <input type="checkbox"/> Other: _____ Waist Circumference _____ Is Exercise tolerated? <input type="checkbox"/> Yes <input type="checkbox"/> No->Reason: _____ BP _____		
Comments: <i>e.g. if patient is not appropriate for group education</i>		
Family Physician Information:		Specialist / Consulting Professional Information:
Name: _____ Phone: _____ Fax: _____		Name: _____ Occupation: _____ Phone: _____ Fax: _____
Signature of Referring Health Care Provider: _____ Date: _____		
Centre Use Only Date Received: _____ Date Triaged: _____ Date(s) Client Called: _____ Result - Appointment Date/Time: _____ Date Package Sent: _____		
See back of page for Centre locations and contact information, or visit our website @ www.fraserhealth.ca		

Diabetes Health Centre Contact Information

Fraser East

Abbotsford Regional Hospital

Phone: (604) 851-4700, Ext. 646238

Fax: (604) 851-4782

Abbotsford Regional Hospital

Pediatric Diabetes Clinic

Phone: (604) 851-4700, Ext. 646267

Fax: (604) 851-4790

Chilliwack General Hospital +

Fraser Canyon Hospital

Phone: (604) 702-4766

Fax: (604) 702-2880

Mission Memorial Hospital

Phone: (604) 826-6261 Ext. 625145

Fax: (604) 814-5518

Fraser North

Burnaby Hospital

Phone: (604) 412-6139

Fax: (604) 412-6233

Tri Cities Diabetes Health Centre

Phone: (604) 949-7771

Fax: (604) 949-7772

New Westminster

iConnect Health Centre

Phone: (604) 523-8800

Fax: (604) 523-8801

Ridge Meadows

Phone: (604) 476-7056

Fax: (604) 476-7077

Royal Columbian Hospital – Diabetes in Pregnancy Clinic

Phone: (604) 520-4473

Send all referrals to the offices of Dr. J. Lee and Dr. J. Klinka

Phone: (604) 520-1135

Fax: (604) 520-1132

Fraser South

Delta Hospital

Phone: (604) 946-1121, Ext. 783278

Fax: (604) 952-7352

Langley Memorial Hospital

Phone: (604) 533-6407

Fax: (604) 533-6449

Pattison Outpatient Centre (Surrey)

- iConnect Health Centre

Phone: (604) 582-4583

Fax: (604) 582-4590

- Diabetes and Pregnancy Clinic

Phone: (604) 582-4558, Ext. 763999

Fax: (604) 582-3775

White Rock / S. Surrey iConnect Health Centre

Phone: (604) 541-7162

Fax: (604) 538-9809

Surrey Memorial Hospital - Pediatric Diabetes Clinic

Phone: (604) 587-3929

Fax: (604) 585-5968

Diabetes Services Provided

Adult type 1 and type 2: all sites except Royal Columbian + Surrey Memorial

Pediatrics: offered at Abbotsford + Surrey Memorial (0 -16 y.o.); Tri Cities (\geq 5 -16 y.o.)

Gestational: all sites except Delta, Tri Cities, New Westminster, Surrey Memorial

Pregnant + pre-conception counseling:

- **Type 1 or type 2:** Royal Columbian + Pattison Outpatient Centre

- **Type 2 only:** Burnaby and Chilliwack