

PATIENT INFO		IMPORTANT
Name _____ <input type="checkbox"/> M <input type="checkbox"/> F <small>Last First initial</small> Address _____ <small>postal code</small> Phone _____ (home) _____ (Other) Date of Birth _____ PHN _____ <small>mm dd yy</small> Alternate Contact Name/Phone _____ Relationship _____ Is a professional interpreter needed? <input type="checkbox"/> Yes: Specify language: _____ <input type="checkbox"/> No, patient speaks English <input type="checkbox"/> No, family member /friend will interpret Barriers to learning in a group or class <input type="checkbox"/> Frail elderly <input type="checkbox"/> Cognitive impairment <input type="checkbox"/> Other _____		Please <u>attach</u> recent LAB RESULTS. Referral will not be processed without labs. FPG 2h PG where applicable A1c (within 3 months) Lipid profile Serum creatinine + eGFR Albumin/creatinine ratio (ACR) We are unable to accept referrals for pre-diabetes at this time.
FAMILY PHYSICIAN INFO	SPECIALIST/CONSULTANT INFO	
Dr. _____ Billing No. _____ Address _____ <small>postal code</small> Phone _____ Fax _____	Dr. _____ Billing No. _____ Address _____ <small>postal code</small> Phone _____ Fax _____	
PRINCIPAL REASON FOR REFFERAL	Please note: The patient will be seen by one of our physicians if one or more of the following is present:	
Would you like the patient to be seen by one of our Diabetes Centre physicians? <input type="checkbox"/> No <input type="checkbox"/> Yes	a) FPG >12 b) A1c >10.0% c) Known Diabetes Complications d) If A1c remains >7.5% at 6 months after completing our education program	
DIABETES HISTORY	OTHER RELEVANT MEDICATIONS/DOSE	
Age at diagnosis: _____ Current age: _____ DIABETES MEDICATIONS/DOSE		
KNOWN DIABETES COMPLICATIONS	RELATED MEDICAL ISSUES	
<input type="checkbox"/> CAD/Stroke/PVD <input type="checkbox"/> Nephropathy <input type="checkbox"/> Retinopathy <input type="checkbox"/> Neuropathy <input type="checkbox"/> Foot Problems Comments: _____ _____	<input type="checkbox"/> Hypertension <input type="checkbox"/> Sexual Dysfunction <input type="checkbox"/> Respiratory/COPD <input type="checkbox"/> GI Problems <input type="checkbox"/> Depression <input type="checkbox"/> Mental Health (Specify) _____ <input type="checkbox"/> Other _____	
Referring Physician Signature		Date
Centre Use Only Urgent: <input type="checkbox"/> No <input type="checkbox"/> Yes within _____ weeks Triaged to: <input type="checkbox"/> Endo: Dr. _____ <input type="checkbox"/> RN <input type="checkbox"/> RD <input type="checkbox"/> Basic Class <input type="checkbox"/> Carb Counting Class Lab Req: <input type="checkbox"/> No <input type="checkbox"/> Yes Triaged by _____ (initials) on _____ (date)		PCIS Labels

VGH DIABETES CENTRE INFORMATION

Do not fax this side when referring patients to the Centre. This information is for your use only.

Address

Diamond Health Care Centre
Station 2, 4th Floor – 2775 Laurel Street
Vancouver, BC V5Z 1M9

Office Hours

Monday to Friday – 8:00 a.m. to 4:00 p.m. Closed on statutory holidays.

Phone 604-875-5910

Fax 604-875-8276

Referral Form Instructions

Fax completed referral form to the Diabetes Centre.

Appointment Confirmation

The Diabetes Centre will contact the referring physician's office with appointment date and time.

Please notify your patient directly.

Appointments

The Diabetes Centre staff will review information provided on each referral to determine urgency and type of appointments required.

Group Education

Basic classes are offered weekly, either as a full day class OR two half-day classes.

Full day class: 8am-3:30pm, the first Tuesday OR Wednesday of the month

2 Half-day class: Tuesday and Wednesday 8am-12pm in remaining weeks of the month

Individual Appointments

For patients not suitable for group participation due to e.g., vision, hearing, frailty, cognitive or behaviour impairment, language barriers, complex medical management.

Insulin Starts/Changes

Patients must have an insulin prescription indicating type(s) & dose(s) of insulin.

Endocrinology Referral

Patients with one of more of the following will be seen by one of our endocrinologist:

- a. FBG >12
- b. A1c >10%
- c. Known diabetes complications
- d. A1c >7.5% at 6 months after completing our education program

Patients who do not meet the above criteria may be referred to the endocrinologist at the discretion of the referring physician.

Diabetes Centre Reports

A report will be sent to the family physician and the referring physician after each visit. If additional copies are required, please indicate on the Referral Form.