Niagara Medical Group Family Health Team Diabetes Program
(Adult Type 2 - Non Pregnant)
Referral Form

Referring Primary HCP_____	**Fax to: (905) 356-2765**
Telephone Number _____	Niagara Medical Group Family Health Team
Fax Number _____	4421 Queen St. Niagara Falls L2E 2L2
Family Physician _____	(905) 356-2236 ext 265

Patient _____
First Name Last Name

DOB (dd/mm/yyy) _____ Age_____

Health Card_____
Version code

Phone (Home)_____

(Other)_____

Alternate Contact Person_____

Address_____

Medication List
(or attach list of meds)

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Factors which may affect learning

- ☐ Language
  - Preferred: _____
- ☐ Interpreter required
- ☐ Visual impairment
- ☐ Auditory impairment
- ☐ Cognitive impairment
- ☐ Physical disability
- ☐ Mental health
- ☐ Low literacy
- ☐ Social situation
- ☐ Financial situation
- ☐ Other _____
- ☐ _____

Diagnosis

- ☐ Type 1: date diagnosed/years_____
- ☐ Type 2: date diagnosed/years_____
- ☐ Medication Induced_____
- ☐ Other_____

Lab data within the last 3 months
(Please complete or attach results)

	Results	Date
FBG	_____	_____
A1C	_____	_____
ACR	_____	_____
Creatinine	_____	_____
eGFR	_____	_____
Chol.	_____	_____
LDL	_____	_____
HDL	_____	_____
Trig	_____	_____
Chol/HDLratio	_____	_____
Albumin	_____	_____

Recent Medical History

- ☐ New Type 1
- ☐ Hypertension
- ☐ Dyslipidemia
- ☐ Obesity
- ☐ Celiac
- ☐ Erectile dysfunction
- ☐ Neuropathy
- ☐ Nephropathy
- ☐ Skin Infection or wound
- ☐ Severe hypo< 2.5 mm/l
- ☐ MI or ACS Date:_____
- ☐ Diabetic Ketoacidosis
- ☐ Hyperosmolar hyperglycemia
- ☐ Hospitalization/ED Date_____
- ☐ Retinopathy
- ☐ Other_____

Reason for Referral

- ☐ Assessment and Education/Management
- ☐ Insulin Initiation: Type/dose and titration order required
- ☐ Other-please specify

_____

_____

Physician/Primary Health Care Provider Signature_____Date_____

Appointment date/time:_____Patient to bring glucometer/log book to appointment