Mississauga Halton Diabetes Services Referral Form

PHONE # 1-855-223-6847 FAX # 905-338-0442 *(Toll Free fax:1-855-338-0442)*

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

★**Patient Information** □ **Adult** □ **Pediatric** (<18 Years)

Last name: First name: □ Male □ Female

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

Phone: Email:

Address: Postal Code:

PRIORITY OF REFERRAL (See reverse for Guidelines) □ **Urgent** □ **Semi-Urgent** □ **Non-Urgent**

Reason For Referral:

Patient Preferred Program:

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

★**Diabetes Diagnosis**	**Duration In Years** □ **New** □ **1-5** □ **6-10** □ **10+**
□ Type 1 □ Steroid-Induced	□ **Gestational Diabetes** **Please attach blood work** **EDC:** (dd/mm/yyyy)
	□ Newly Diagnosed GDM □ Repeat GDM
□ Type 2 □ Pre-diabetes □ GDM	□Pre-existing Pre-Diabetes □ Pre-existing Type 2 □ Pre-existing Type 1
	Delivery Hospital: **THP:** □ CVH □ MH **HHS:** □ GH □ MDH □ OTMH

Complications and Risks □ **None**

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

★**Assessment Data** □ **Lab Results Attached**

Date of Lab Findings (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 □ Inpatient □ Emergency

Hospital Site THP: □ CVH □ MH HHS: □ GH □ MDH □ OTMH

Family Physician: □ **The client does NOT have a primary care physician**

★**Referral Source Information:** □ MD □ NP □ Self □ MDT □ Pharmacist □ Other _____

Print Name: **Phone:**

Address: **Fax:**

Referral Date:

Signature Required for any of the Following:

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

□ *Is the patient currently seeing an endocrinologist?* □*No* □ *Yes, Name:* _____

Signature: **Billing #:**

★**INDICATES INFORMATION REQUIRED TO PROCESS REFERRAL**

Guidelines for Referral

URGENT

- Uncontrolled Diabetes
  - *– BG > 20mmol/L*
  - *– Ketonuria > 1.5mmol/L*
  - *– A1c >13%*
- Recent Treatment For:
  - *– Diabetic ketoacidosis*
  - *– Severe hypoglycemia*
  - *– Nonketotic hyperosmolar hyperglycemia*
- Newly Diagnosed Type 1
- Inpatient / Emergency Admission Follow-up
- Steroid Induced (escalating blood sugars)
- Pediatric (≤ 18 yr)

SEMI-URGENT

• A1c 11-13% • Pregnancy with Pre-existing DM • Gestational DM • Steroid Induced (new diagnosis)

NON- URGENT

• Pre-Diabetes • Type 2 • Insulin Pump • Type 2 insulin initiation • Type 1 Follow-up

CENTRE FOR COMPLEX DIABETES CARE (CCDC)

- Pre existing & uncontrolled diabetes (A1C>9%) **AND** 1 or more conditions that negatively impact glycemic control
- Recurrent ER visits or hospitalizations for DKA, severe hypoglycemia, or non-ketotic hyperosmolar hyperglycemia
- Complex medical and/or psychosocial conditions that negatively impact diabetes self-care regardless of A1C

(e.g. renal failure/dialysis, CHF, malignancy, COPD, severe persistent mental health or cognitive concerns, financial stress, difficulty accessing care)

- Non-healing diabetic ulcer/wound (or at high risk of developing)

Patients who do not meet the referral criteria will automatically be referred to the local Diabetes Education Program

INSULIN ORDERS

- Complete and attach Canadian Diabetes Association Insulin Prescription Form for insulin initiation orders
- Obtain CDA Insulin Prescription form: www.guidelines.diabetes.ca

Diabetes Services in Mississauga-Halton Region

	Credit Valley FHT	**Diabetes Management Centre** (Mississauga Hospital)	**Halton Diabetes Program** (Oakville, Milton, Georgetown, Burlington	**LMC Diabetes & Endocrinology**	**East Mississauga CHC**	**Centre for Complex Care** (Halton, Mississauga)
Type 1		•	•	•		•
Type 2	•	•	•	•	•	•
Pre-Diabetes	•	•	•	•	•	
Pediatric Transition Program		•				
Diabetes in Pregnancy		•	•			
Lifestyle	•	•	•	•	•	•
Oral Agents	•	•	•	•	•	•
Insulin	•	•	•	•	•	•
Insulin Pump		•	•	•		•
Inter-Disciplinary Team		•	•	•	•	•
Endocrinologist on-site		•	•	•		
Extended Hours	•	•	•		•	•
French	•					
Other Languages		•	•	•	•	•

Mississauga-Halton Central Intake Program

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