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 ☐ 5-10 ☐ 10+

☐ Type 1 ☐ Steroid-Induced

☐ Type 2 ☐ Pre-diabetes

Gestational Diabetes ☐ Attach blood work **EDC:** (dd/mm/yyyy)

☐ Pre-existing Type 1 ☐ Pre-existing Type 2 ☐ Newly Diagnosed

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**

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*** *)*

☐ *Refer the patient to an Endocrinologist* ☐ *First Available* ☐ *Specific, 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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