Taddle Creek
DEP

Taddle Creek Diabetes Education Program - Referral Form
790 Bay Street, Suite 508. Box 65 Toronto, ON, M5G 1N8
Tel: (416) 204-1256 Fax: (416) 204-1712

Name: _____ Gender: _____

Address: _____ Date of Birth (dd/mm/yyyy): ____/____/____

City: _____ Postal Code: _____ Daytime Contact Phone #: _____

Does the client identify with any of these challenges? (Check all that apply)

- ☐ non-insured (refugee, new immigrant)
- ☐ mental health challenges (explain):

  _____
- ☐ problematic drug and/or alcohol use
- ☐ mobility issues
- ☐ developmental challenges
- ☐ financial barriers

Language(s) Spoken:

- ☐ English
- ☐ Other:_____

If patient prefers services in other languages the referral will be forwarded to the appropriate program

Referred for (check all that apply):

- ☐ Diabetes Self-Management Support
- ☐ Nutrition Counseling/Education
- ☐ Insulin initiation/dose adjustment *

*signed order (below) must be completed

☐ Client is appropriate for group education
If not, please indicate why:

Diagnosis: ☐ Type 1 ☐ Type 2 ☐ Prediabetes ☐ Newly Diagnosed (within 6 months)

Medical History:

☐ Cardiovascular Disease ☐ Dyslipidemia ☐ Foot/Wound Concerns ☐ Hypertension
☐ Neuropathy ☐ Previous GDM ☐ Renal Disease ☐ Retinopathy
☐ Other:

Laboratory data: Date:_____ ☐ ***attach lab reports if preferred***

FPG		TG		OGTT:			
PG		LDL		0 hr		ACR	
A1C		TC/HDL		2 hr		eGFR	

Medications ☐ ***attach med list if preferred***

Current Diabetes Medications:	Other Medications/Allergies:

Orders for Insulin Initiation (must be completed to implement)

Insulin Type(s) and frequency:	
(subcutaneous) Starting Dose(s):	
Changes to current oral diabetes medications:	☐ Continue with current oral medications

☐ Diabetes Educator may teach client insulin dose adjustment by 1-2 units, or up to 10% of total daily insulin dose.

☐ Diabetes Educator may provide insulin samples to patient as needed. **Note: Prescription must be provided to the patient or DEP by referring practitioner for insulin initiation as Diabetes Educators are unable to prescribe medications.**

☐ Referring Practitioner:

Phone _____ Fax _____

☐ Primary Care Practitioner:

Phone _____ Fax _____

Please FAX referral form to the Taddle Creek Diabetes Education Program 416-204-1712