



FAX NUMBERS			REASON FOR REFERRAL		
Hamilton Health Sciences		(905) 521-2653	<input type="checkbox"/> One-time team consultation <input type="checkbox"/> Assessment and ongoing management <input type="checkbox"/> Insulin pump management		
St Joseph's Hamilton	West 5 th Campus	(905) 521-6128			
	King St. Campus	(905) 573-4843			
North Hamilton CHC		(905) 667-8859			
Centre de santé communautaire Hamilton/Niagara		(905) 528-9001			
De dwa da dehs nye>s Aboriginal Health Centre		(905) 544-4247			

Patient _____ DOB _____ Age _____
 Last Name First Name Mr/Mrs./Ms dd/mm/yyyy

Address _____

Phone (Home) _____ Health Card _____ Version code _____

(Other) _____ Alternate Contact Person _____ (telephone number) _____

RECENT MEDICAL HISTORY

Hypertension
 Dyslipidemia
 Obesity
 Celiac
 Erectile dysfunction
 Neuropathy
 Nephropathy
 Skin infection or wound
 Severe hypo < 2.5 mmol/L
 MI or ACS **Date** _____
 Diabetic ketoacidosis
 Hyperosmolar hyperglycemia
 Hospitalization/ED
Date _____
 Retinopathy
 TIA/CVA
 PVD
 Smoking
 Other _____

CURRENT TREATMENT

Diet & exercise only
 Self-monitoring blood glucose
 Medication List attached **OR** complete below

	<u>Medication</u>	<u>Dose</u>	<u>Frequency</u>
Oral Hypoglycemics:	_____	_____	_____
	_____	_____	_____
Insulin:	_____	_____	_____
	_____	_____	_____
Other:	_____	_____	_____
	_____	_____	_____

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

	Results	Date
A1C	_____	_____
FBG	_____	_____
ACR	_____	_____
Creatinine	_____	_____
Microalb.	_____	_____
Chol.	_____	_____
LDL	_____	_____
HDL	_____	_____
Trig	_____	_____
TC/HDL Ratio	_____	_____

FACTORS WHICH MAY AFFECT LEARNING

Interpreter required
 Preferred language _____

<input type="checkbox"/> Cognitive impairment	<input type="checkbox"/> Physical disability
<input type="checkbox"/> Mental health	<input type="checkbox"/> Visual impairment
<input type="checkbox"/> Low literacy	<input type="checkbox"/> Auditory impairment
<input type="checkbox"/> Social situation	<input type="checkbox"/> Financial situation
<input type="checkbox"/> Other _____	

Physician/Provider Signature _____ Date _____
(REFERRING PHYSICIAN SIGNATURE FOR SPECIALIST MANAGEMENT)

Physician Telephone Number _____ Physician Billing Code _____

***NO PEDIATRIC OR OBSTETRICAL (GESTATIONAL AND TYPE I/II) REFERRALS**

Services	Sites					De dwa da dehs ney>s Aboriginal Health Centre
	North Hamilton CHC	HHS	SJH	SJH West 5th	Centre de santé communautaire Hamilton/Niagara	
Endocrinologists/ Diabetologists		●	●	●		
Type 2						
Insulin starts	●	●	●	●	●	●
Individual assessment/follow up	●	●	●	●	●	●
Group Intervention	●	●	●	●	●	●
Type 1						
Insulin pump starts, upgrades and supplies (ADP authorized)		●	●			
Individual assessment/follow up		●	●	●		
Groups		●				
Other						
Primary Healthcare Nurse Practitioner		●				
Mental Health	●		●			●
Prediabetes individual/group	●			●		●
Multilingual services/Culturally Sensitive	●	●	●	●	● French Canadian	●
Physical activity services	●	●		●		
Outreach education workshops	●	●	●	●		●

CONTACT INFORMATION:

North Hamilton Community Health Centre (NHCHC), 905-523-0900

438 Hughson Street North, Hamilton, Ontario L8L 4N5

Hamilton Health Sciences (HHS), 905-521-2100 ext. 76061

1200 Main Street West, Hamilton, Ontario, L8N-3Z5

St. Joseph's Healthcare (SJH), Hamilton, 905-522-1155 ext. 32045

West 5th Campus, 100 West 5th Street, Hamilton, Ontario L9C 0E3

St. Joseph's Healthcare (SJH King), Hamilton, 905-573-4819

King Street Campus, 2757 King Street East, Hamilton, ON, L8G 5E4

Centre de santé communautaire Hamilton/Niagara (CSCHN) 905-528-0163

460 rue Main Est 2^e étage, Hamilton, ON L8N 1K4

Hamilton Urban Core Community Health Centre (HUCCHC), 905-522-3233

71 Rebecca Street, Hamilton, ON L8R 1B63

De dwa da dehs ney>s Aboriginal Health Centre, 905-544-4320 ext. 226

678 Main Street East, Hamilton, ON L8M 1K2