

WOODBINE FHT PROGRAMS REFERRAL

306 Rexdale Blvd Toronto, On M9W 1R6 Ph: 416-342-5140 F: 416-342-5148

Referring Physician/Agenc	У		
Physician/Agency Name:		PH:	
Address:		F:	
City:		Postal Code:	
Patient Details			
Name:		Home PH:	
Address:		Cell PH:	
City:		Postal Code:	
Health Card Number:	VC:	D.O.B.:	
Email Address:			
Reason for Referral			
□ Diabetes Education Program:			
□ Diabetes Education □ Pre-Diabetes □ GLP Starts □ Insulin Starts / Titration			
□ Dietitian Program:			
□ Hypertension □ Cholesterol □ Weight Management □ Renal Diets □ Pregnancy Nutrition			
□ Infant & child Nutrition □ Gastric Health Issues, Food Allergies □ Other			
□ Mental Health Program: □ Depression □ STOP Nicotine Dependence Program			
□ Anxiety □ Trauma □ Social/Behavioral Issues		□ Lung Health Program: Spirometry Testing	
□ Women's Health: PAP testing		□ Foot Care Clinic (NO	OHIP)
Women's Heatin' I'm vesting			
□ Physical Activity Program: Walking Group (Nordix Pole)			
Medical clearance needed – form available at <u>www.woodbinefht.ca</u> - Programs – Nordix Pole Walking Group			
☐ Memory Clinic: Separate referral form needed www.woodbinefht.ca - Programs – Memory Clinic			
Wemory Chine Separate referral form needed www.woodomente.ca 110grams Memory Chine			
Please attach patient profile including current medications			
• For Diabetes and Dietitian programs please attach all recent laboratory results: A1C, FPG or RG, lipid profile,			
Creatinine, eGFR, potassium, sodium, other labs relevant to referral reason.			
• Diabetes Program for GLP or Insulin Start:			
GLP/Insulin	Dose	Time	1
		-	
□ Continue current diabetes medications □ Stop these medications after GLP/Insulin start:			
Titration for Insulin to be newformed and tought to notion to as now outlined in Diabetes Canada Clinical Practice			
Titration for Insulin to be performed and taught to patients as per outlined in Diabetes Canada Clinical Practice Guidelines			
Physician Signature			