

# HEALTH EDUCATION PROGRAMS REFERRAL

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

<b>Referring Physician/Agency</b>														
Physician/Agency Name:	PH:													
Address:	F:													
City:	Postal Code:													
<b>Patient Details</b>														
Name:	Home PH:													
Address:	Cell PH:													
City:	Postal Code:													
Health Card Number:	VC:	D.O.B.:												
Email Address:														
<b>Reason for Referral</b>														
<b>Diabetes Education Program:</b> <input type="checkbox"/> Diabetes Education – Diet & Lifestyle <input type="checkbox"/> Pre-Diabetes Education – Diet & Lifestyle <input type="checkbox"/> Diabetes Education + Insulin Titration/Teaching <input type="checkbox"/> GLP & Insulin Starts + Education														
<b>Dietitian Program:</b> <input type="checkbox"/> Hypertension <input type="checkbox"/> Cholesterol <input type="checkbox"/> Weight Management <input type="checkbox"/> Infant & child Nutrition <input type="checkbox"/> Pregnancy Nutrition <input type="checkbox"/> Gastric Health Issues, Food Allergies, <input type="checkbox"/> Menopause <input type="checkbox"/> Renal Diets, other														
<b>Mental Health Program:</b> <input type="checkbox"/> <b>STOP Nicotine Dependence Program</b> <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Trauma <input type="checkbox"/> Social/Behavioral Issues														
<b>Physical Activity Program:</b> <i>Walking Group (Nordix Pole)</i> Medical clearance needed – form available at <a href="http://www.woodbinefht.ca">www.woodbinefht.ca</a> - Programs – Nordix Pole Walking Group														
<b>Memory Clinic:</b> Separate referral form needed <a href="http://www.woodbinefht.ca">www.woodbinefht.ca</a> - Programs – Memory Clinic														
<ul style="list-style-type: none"> <li>• Please attach CPP including current medications</li> <li>• 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.</li> </ul>														
<ul style="list-style-type: none"> <li>• Diabetes Program for GLP or Insulin Start:</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 33%;">GLP/Insulin</th> <th style="width: 33%;">Dose</th> <th style="width: 33%;">Time</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			GLP/Insulin	Dose	Time									
GLP/Insulin	Dose	Time												
<input type="checkbox"/> Continue current diabetes medications <input type="checkbox"/> Stop these medications after GLP/Insulin start Titration for Insulin to be performed and taught to patients as per outlined in Diabetes Canada Clinical Practice Guidelines														
Physician Signature .....		Date .....												