

PATIENT INFO		IMPORTANT
Name _____ <input type="checkbox"/> M <input type="checkbox"/> F <small>Last First initial</small> Address _____ <small>postal code</small> Phone _____ (home) _____ (Other) Date of Birth _____ PHN _____ <small>mm dd yy</small> Alternate Contact Name/Phone _____ Relationship _____ Is a professional interpreter needed? <input type="checkbox"/> Yes: Specify language: _____ <input type="checkbox"/> No, patient speaks English <input type="checkbox"/> No, family member /friend will interpret Barriers to learning in a group or class <input type="checkbox"/> Frail elderly <input type="checkbox"/> Cognitive impairment <input type="checkbox"/> Other _____		Referral will not be processed without recent labs. <ul style="list-style-type: none"> • FPG, 2h PG where applicable • A1c (within 3 months) • Lipid profile • Serum creatinine + eGFR • Albumin/creatinine ratio (ACR) We do not accept referrals for: <ul style="list-style-type: none"> • Pre-diabetes • A1c <8.6% while on ≤ 2 anti-hyperglycemic agents that do not include insulin, sulfonylureas, meglitinides Please find our admission criteria and a link to other referral options on the back.
FAMILY PHYSICIAN INFO	SPECIALIST/CONSULTANT INFO	
Dr. _____ Billing No. _____ Address _____ <small>postal code</small> Phone _____ Fax _____	Dr. _____ Billing No. _____ Address _____ <small>postal code</small> Phone _____ Fax _____	
PRINCIPAL REASON FOR REFFERAL	DIABETES HISTORY	
Would you like the patient to be seen by one of our Diabetes Centre physicians? <input type="checkbox"/> No <input type="checkbox"/> Yes Please note: The patient will be seen by one of our physicians if one or more of the following is present: a) FPG >12 b) A1c >10.0% c) Known diabetes complications d) A1c remains >7.5% at 6 months after attending our program If you require an endocrinology referral for a patient who does not meet our centre's admission criteria, please refer directly to the endocrinologist's office.	Age at diagnosis: _____ Current age: _____ DIABETES MEDICATIONS/DOSE	
		OTHER RELEVANT MEDICATIONS/DOSE
KNOWN DIABETES COMPLICATIONS	RELATED MEDICAL ISSUES	
<input type="checkbox"/> CAD/Stroke/PVD <input type="checkbox"/> Nephropathy <input type="checkbox"/> Retinopathy <input type="checkbox"/> Neuropathy <input type="checkbox"/> Foot Problems Comments: _____ _____	<input type="checkbox"/> Hypertension <input type="checkbox"/> Sexual Dysfunction <input type="checkbox"/> Respiratory/COPD <input type="checkbox"/> GI Problems <input type="checkbox"/> Depression <input type="checkbox"/> Mental Health (Specify) _____ <input type="checkbox"/> Other _____	
Referring Physician Signature	PCIS Labels	
Date Centre Use Only Urgent: <input type="checkbox"/> No <input type="checkbox"/> Yes within _____ weeks Triaged to: <input type="checkbox"/> Endo: Dr. _____ <input type="checkbox"/> RN <input type="checkbox"/> RD <input type="checkbox"/> Basic Class <input type="checkbox"/> Carb Counting Class Lab Req: <input type="checkbox"/> No <input type="checkbox"/> Yes Triaged by _____ (initials) on _____ (date)		

VGH DIABETES CENTRE INFORMATION

Do not fax this side when referring patients to the Centre. This information is for your use only.

Address

Diamond Health Care Centre
Station 2, 4th Floor – 2775 Laurel Street
Vancouver, BC V5Z 1M9

Office Hours

Monday to Friday – 8:00 a.m. to 4:00 p.m. Closed on statutory holidays.

Phone 604-875-5910

Fax 604-875-8276

Referral Form Instructions

Fax completed referral form to the Diabetes Centre.

Appointment Confirmation

The Diabetes Centre will contact the referring physician's office with appointment date and time.

Please notify your patient directly.

Appointments

The Diabetes Centre staff will review information provided on each referral to determine urgency and type of appointments required.

New Admission Criteria (starting July 2020). Any one of the following:

- A1c 8.6% or higher
- On insulin
- On any 3 or more antihyperglycemic agents
- On 2 or more antihyperglycemic agents which include a sulfonylurea or meglitinide
- Age 75y or more + any 2 antihyperglycemic agents
- Existence of chronic or acute diabetic complications

Please visit www.vch.ca and click on 'Location & Services' for information on other referral options and resources.

Group Education

Monthly. Currently on hold till further notice.

Individual Appointments

For patients not suitable for group participation due to e.g., vision, hearing, frailty, cognitive or behaviour impairment, language barriers, complex medical management.

Insulin Starts/Changes

Patients must have an insulin prescription indicating type(s) & dose(s) of insulin.

Endocrinology Referral

- Patients with one of more of the following will be seen by one of our endocrinologist:
 - a. FBG >12
 - b. A1c >10%
 - c. Known diabetes complications
 - d. A1c >7.5% at 6 months after attending our program
- Patients who do not meet the above criteria may be referred to the endocrinologist at the discretion of the referring physician.

Diabetes Centre Reports

A report will be sent to the family physician and the referring physician after each visit. If additional copies are required, please indicate on the Referral Form.