West Toronto Diabetes Education Program

365 Evans Avenue - Suite 201, Etobicoke, Ontario
Phone: 416-252-1928 Ext. 100; Fax: 416-252-9141

CLINIC USE ONLY
Date Received: _____

Patient Information:

Patient Full Name: _____ Phone:_____

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

Address: _____

City: _____ Postal Code: _____

Primary Language: ❑English ❑Other_____ Interpreter Needed? ❑Yes ❑No

Referral Information:

Referring Health Care Professional: _____

Phone number: _____ Fax: _____

Reason for Referral: ❑ High Risk ❑ Pre-diabetes/IFG/IGT ❑ Type 2 DM

Latest Lab Values: Date: _____

HbA1c	FBG	Random	TG	TC	LDL	HDL	TC/HDL	Cr	eGFR	ACR

Relevant Medical History:

❑ Family History	❑ Smoker	❑ CVD	❑ Acanthosis Nigricans
❑ Retinopathy	❑ Neuropathy	❑ Nephropathy	❑ Erectile Dysfunction
❑ CHF	❑ Macrosomia	❑ Dyslipidemia	❑ Gestational Diabetes
❑ MI	❑ Hypertension	❑ Mental Health:	
❑ PCOS	❑ Other: _____		

Diabetes Medications? ❑ None ❑ Oral ❑ Insulin ❑ Oral & Insulin

Concerns: Is there anything specific you would like the RD or RN address or be aware of?

Fax this form to 416-252-9141

Thank you for your referral to the West Toronto Diabetes Education Program.

Program funded by: Ontario Health

CommunitiCare Health | Access Alliance Multicultural Health and Community Services | STONEGATE Community Health Centre | LAMP Community Health Centre | East Mississauga Community Health Centre A Branch of LAMP | Davenport-Perth Neighbourhood and Community Health Centre