



**ENDOCRINOLOGY & DIABETES UNIT**

Endocrinology Clinic: 604-875-2117

Toll-free Phone: 1-888-300-3088, x2117

Fax: 604-875-3231

<http://endodiab.bcchildrens.ca>

**COMMUNITY HEALTH NURSE REFERRAL FORM  
FOR CHILDREN WITH DIABETES INSIPIDUS**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ PHN: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

Parents'/Guardian's Names: \_\_\_\_\_

School Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**Reason for Referral:** to provide education and safety planning for student related to diabetes insipidus, e.g. allow free access to water and bathrooms, recognize signs of dehydration due illness with vomiting or diarrhea or increased urine output, contact family and, if needed, utilize 911 and ambulance for hospital transfer.

Relevant Medical / Social History: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

BCCH Pediatric Endocrinologist: \_\_\_\_\_

Endocrine Clinic Nurses: Mabel Tan, Susan Murphy and Rebecca Brooke (contact at number above)

Doctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*See attached School Management of Central Diabetes Insipidus letter.*