



**ENDOCRINOLOGY & DIABETES UNIT**

Diabetes Clinic: 604-875-2868

Toll-free Phone: 1-888-300-3088, x2868

Fax: 604-875-3231

<http://endodiab.bcchildrens.ca>

**BCCH DIABETES PROGRAM REFERRAL FORM**

**ALERT: IF SUSPECTED TO HAVE A NEW DIAGNOSIS OF DIABETES, PAGE THE ENDOCRINOLOGIST ON CALL AT 604-875-2161**

<b>Referral Date</b>		<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Transgender
<b>Name of Patient</b>		<b>DOB</b> (yyyy/mm/dd)	
<b>Address</b>		<b>PHN</b>	
<b>Parents' Names</b>	Mother:	Father:	
	Home/Cell Phone:	Home/Cell Phone:	
	Email:	Email:	
<b>Referring Doctor</b>	Name:	MSP #:	
	Phone:	Next Appointment:	
	Fax:		
<b>Interpreter Required?</b>	For Parents: <input type="checkbox"/> Yes <input type="checkbox"/> No Language:	For Child: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Type of Diabetes</b>	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Unknown <input type="checkbox"/> Other:		
	Date of Diagnosis:		
<b>Other Diagnoses</b>	<input type="checkbox"/> Celiac <input type="checkbox"/> Thyroid <input type="checkbox"/> Other:		
<b>Current Insulins</b> (or <input type="checkbox"/> None)	<input type="checkbox"/> Apidra <input type="checkbox"/> Humalog <input type="checkbox"/> NovoRapid <input type="checkbox"/> Other:	<input type="checkbox"/> Levemir <input type="checkbox"/> Lantus <input type="checkbox"/> Basaglar <input type="checkbox"/> NPH <input type="checkbox"/> Other:	
<b>Oral Mediations</b>	<input type="checkbox"/> Metformin <input type="checkbox"/> Other:		
<b>Other Medications</b>			
<b>Diabetes History</b>	Hx of DKA since diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unconscious Hypoglycemia? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Prior Diabetes Education</b>	Has had education with: <input type="checkbox"/> RN <input type="checkbox"/> RD When: Where:	<input type="checkbox"/> No prior education received	
<b>Local Diabetes Team</b>	Currently followed by: <input type="checkbox"/> None <input type="checkbox"/> RN + RD <input type="checkbox"/> RN Only <input type="checkbox"/> RD only	Last Seen: Next Appointment:	
<b>Reasons for Referral:</b>			

**Essential Information to be provided at time of referral:**

Last Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date: \_\_\_\_\_

Last A1C: \_\_\_\_\_ Date: \_\_\_\_\_

Additional useful information to include if available:

- Other relevant blood work (e.g. TSH, TPO-Ab, tTG, lipids, OGTT)
- Consult notes, diabetes education checklist

**For internal Use Only:**

To be seen:  ≤6 wks  ≤3 months  
 ≤6 months  >6 months

Visit location:  Clinic  DDP

Date Triaged: \_\_\_\_\_

BEH  DLM  DP  JPC  LS  SA