



**ENDOCRINOLOGY & DIABETES UNIT**

Diabetes Clinic: 604-875-2868

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

Fax: 604-875-3231

<http://endodiab.bcchildrens.ca>

**NURSING SUPPORT SERVICES REFERRAL FORM  
FOR CHILDREN WITH DIABETES**

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

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

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

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

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

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

Diagnosis: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Reason for Referral: to assist student with blood glucose testing, to monitor for and assist in treating hypoglycemia, and to ensure that all meals and snacks are consumed.

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

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Doctor Address: \_\_\_\_\_ Doctor Fax: \_\_\_\_\_

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

Please note that the Canadian Diabetes Association's *Guidelines for the Care of Students Living with Diabetes at School (2014)* is available online at [www.diabetes.ca/kidsatschool](http://www.diabetes.ca/kidsatschool).

**Fax this form to Nursing Support Services at 604-453-8301 or email to [nssreferrals@cw.bc.ca](mailto:nssreferrals@cw.bc.ca)**