



Adult (18 and over) Diabetes Management Centre – HCP Referral Form

490 Huronia Road Barrie, Ontario L4N 6M2

Phone: (705) 734-9690 ext 283 Fax: (705) 719-4877

Patient Information:

Last Name: _____ First Name: _____

Date of Birth: _____ Health Card #: _____ VC: _____

Address: _____ City/Town: _____ Postal Code: _____

Telephone: H: _____ W: _____ Cell: _____

***** Please attach most recent diabetes, lipid and renal labs *****

New Diagnosis: Yes No **If no, date of diagnosis:** _____

Reason for Referral: Pre-diabetes Type 2 Type 1

Gestational Insulin Pump Insulin or GLP-1 Initiation

If referral to Dr. Zatelny, MD, FRCP (C) or Dr. Murzin MD, FRCP (C) is requested, please complete the following TWO sections:

1. Criteria for referral. Check one reason listed below:

- | | |
|---|---|
| <input type="checkbox"/> Uncontrolled diabetes (BG>20mmol/L) | <input type="checkbox"/> Severe Hypoglycemia |
| <input type="checkbox"/> Pregnancy with pre-existing Diabetes | <input type="checkbox"/> Gestational Diabetes |
| <input type="checkbox"/> Recent treatment of DKA or HHS | <input type="checkbox"/> A crisis that affects patient's ability to manage DM |
| <input type="checkbox"/> Other: _____ | |

2. Urgent for Dr Zatelny/Dr. Murzin Non-Urgent for Dr Zatelny/Dr. Murzin

Medical History (check all that apply):

- | | | | |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Family history of diabetes | <input type="checkbox"/> CVD | <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Gestational diabetes |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Smoker | <input type="checkbox"/> Dyslipidemia | <input type="checkbox"/> Overweight/Obesity |
| <input type="checkbox"/> Kidney damage | <input type="checkbox"/> Mental Health: <i>please list:</i> _____ | | |
| <input type="checkbox"/> Other: _____ | | | |

Medications (or please attach list):

Allergies: _____

Please check if you would like the DMC to provide the below services:

- Certified Diabetes Educator may adjust current insulin regimen as per our Medical Directive.
CDEs maintain their credentials to adjust insulin by a medical directive signed annually by Endocrinologists Dr. Zatelny/Dr. Murzin.
- Approve that the Certified Diabetes Educator may provide insulin samples to your patient through our compassionate program, for short term assistance to patients who are unable to purchase their insulin.

Signature: _____ Date: _____