



WEST HILL COMMUNITY SERVICES

Scarborough Community Diabetes Program
 A Program of West Hill Community Services
 3545 Kingston Road
 Scarborough, ON M1M 1R6
 Tel: 416-847-4160 Fax: 416-284-2337

Referral for Diabetes Education

Client Information: (affix label or print)

Name:

Address:

Postal Code:

Phone:

Health Card No./ Interim FH No.

Date of Birth:

Gender: Age: Language:

Date of referral:

(Referring Physician's Stamp)

Fax:

Types of Diabetes:

- Type 2 Diabetes
- Pre-Diabetes (IFG / IGT)
(FPG 6.1 - 6.9;
2h PG 7.8 – 11.0)
- Recently Diagnosed
(0 – 6 months)

Health Concerns:

- Heart Problems
- Blood Pressure
- Depression
- Blood
- Cholesterol
- Respiratory
- Eye Problems
- Arthritis
- Digestive Problems
- Kidney Problems
- Foot Problems
- Pregnancy
- Other, please specify:

Lab Results: (May attach lab report if preferred)

Date	FBG	RBG	A1C	OGTT FBG	OGTT 2 hr.PG	CHOL	HDL	LDL	CHOL/ HDL ratio	TRIG	Micro- albumin	GFR	Others

Current medications:

Comments:

Signature:

Information collected on this authorized form complies with the Privacy Act. Records are confidential within West Hill Community Services, information shall not be used or disclosed for purposes other than those for which the information is collected in order to deliver health care, except with your expressed consent or as required by law.