

Paediatric Diabetes Services Referral Form

Fax: (905) 815-5101
Phone: (905) 338-4437

Non-Urgent Referrals ONLY

THIS IS FOR NON-URGENT DIABETES SERVICES. FOR URGENT NEWLY DIAGNOSED PATIENT(S) DIRECT THEM TO THE NEAREST EMERGENCY DEPARTMENT

*Patient Information

Last name: _____ First name: _____ Gender: _____
DOB(dd/mm/yyyy): _____ OHIP#: _____ Preferred Language: _____
Address: _____ Postal Code: _____

Interpreter Required? For Parents Yes No For Child Yes No

Communication Barrier: Yes No If yes, please specify: _____

*Parent / Guardian Information

1. Name: _____ 2. Name: _____
Phone: _____ Phone: _____
Email: _____ Email: _____

Custody Status

Who does the patient reside with? Both parents Mother Father Guardian(s)
Custody: Mother Father Joint Other: _____ CAS/FACS Involvement? Yes No

*Reason for Referral

*Diabetes Diagnosis

Type 1 Monogenic Diabetes
 Type 2 Pre-diabetes

*Duration of Diabetes

* Date of Diagnosis: MM/YYYY ____/____/____
 <5 years 5-10 years 10+ years

*Current Treatment Insulin Injections Pump Oral agents Lifestyle Other _____

Assessment Data & History (Attach relevant documents)

*Height (cm): _____ *Weight (lbs): _____ Date: _____
*Recent A1C %: _____ Date: _____
Diabetic Ketoacidosis N Y Date: _____
Unconscious Hypoglycemia N Y Date: _____

Diabetes Education Attach Consult Notes

*Has had previous Diabetes education: No Yes Where: _____
Last seen: _____ Next appointment: _____

Additional Clinical Information Other relevant blood work (e.g. TSH, anti-TPO Ab, anti-tTG, Lipids, OGTT)

Celiac Thyroid Other: _____

Other Medications Please provide (name/dose/frequency) List attached

Family Physician (if different than below) Name: _____ Phone: _____ Fax: _____

*Referring Provider Name: _____ MD NP Other _____

*Billing #: _____ *Address: _____
*Signature: _____ *Phone: _____
Referral Date: _____ *Fax: _____

Fields containing * are mandatory



June 1, 2023

Guidelines for Referral

Referral Instructions

The referral form is intended for **non-urgent referrals** for Paediatric Diabetes Education services for patients who meet the following criteria:

- Have a diagnosis of diabetes
- Age 5-17

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Halton Diabetes Programs-Paediatrics

The interdisciplinary team of physicians, nurses, dietitians and social workers collaborate with patients and their families to provide the following services:

Type 1	•
Type 2	•
Pre-Diabetes	•
Oral Agents	•
Insulin	•
Pediatric Endocrinologist Consultation	•
Social Worker	•
Insulin Pumps	•
Continuous Glucose Monitoring	•
Pediatric transition	•
Extended hours	•
Other Languages	•

Halton Diabetes Program-Paediatrics

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