

Woodstock, ON

REFERRAL TO DIABETES EDUCATION AND NUTRITION COUNSELLING

Please complete the following

PIN NUMBER	VISIT NUMBER		
PATIENT LAST NAME	PATIENT 1ST NAME	PATIENT MIDDLE NAME	
TELEPHONE			
DOB	MMM DD YYYY	AGE	SEX
		ONT HEALTH CARD NUMBER	
FAMILY PHYSICIAN			

Bloodwork: Please attach a list of recent bloodwork (within last 3 months – ie A1C, Lipids, Kidney function)

- ☐ New diagnosis
- ☐ Established/Needing support
- ☐ Gestational Diabetes
- ☐ Insulin start
- ☐ Glucagon-like Peptide-1 (GLP-1) start
- ☐ Pre diabetes
- ☐ Other: _____
- ☐ Do not make insulin adjustments

☐ Healthy Eating

☐ Heart Health Seminar

☐ Other: _____

Time: _____

Please tell clients to go to Registration at the Athlone Ave entrance at Woodstock Hospital.