WOODSTOCK HOSPITAL

Woodstock, ON

DIABETES EDUCATION

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
Diagnosis: ☐ Type 1 ☐ Type 2 ☐ Pre diabetes ☐ Gestational ☐ Other:	
Medical History:	
Medications: Please attach a list of all medications Bloodwork: Please attach a list of recent bloodwork (within last 3 months – ie A1C, Lipids, Kidney function)	
DIABETES EDUCATION	NUTRITION COUNSELLING:
☐ New diagnosis	☐ Healthy Eating
☐ Established/Needing support	☐ Heart Health Seminar
☐ Gestational Diabetes	Other:
☐ Insulin start	
☐ Glucagon–like Peptide–1 (GLP–1) start	
☐ Pre diabetes	
☐ Other:	
☐ Do not make insulin adjustments	
APPOINTMENT DATES- Contact the Diabetes Education Program (DEP) at 519-421-4233 Ext 2126 For Appointment Dates and Times	
Nurse:	Time:
	T !
Dietitian: mmm,dd,yyyy	Time:
Date for Seminar:	Time:
mmm,dd,yyyy	
Physician's Signature:	Date:
	mmm,aa,yyyy
****Please fax completed form and copy of blood work to 519-421-4264**** Please tell clients to go to Registration at the Athlone Ave entrance at Woodstock Hospital.	