MOUNT SINAI HOSPITAL
Granovsky Gluskin Family Medicine Centre

Mount Sinai Academic Family Health Team

Diabetes Education Program
Mount Sinai Academic Family Health Team 60 Murray Street 4th Floor, Box 25
Toronto, Ontario M5T 3L9
Tel: 416-586-4800 ext 5160
Fax: 416-586-3175

Referral for Diabetes Education

Patient's name:	**Date of birth:**
Physician's name:	**Patient's telephone number:**
Patient's address:	

Referral for: ☐ Type 2 diabetes ☐ Pre-diabetes ☐ At risk for Diabetes

Duration of diagnosis: ☐ **New** ☐ **Longstanding**

**Please include or attach most recent blood work results*

Date:

FBS	**HbA1c**	**TChol/HDL**	**eGFR**
OGTT	**LDL**	**Cr**	**Microalb/CR**

Current Medications: Please include or attach list of all

Relevant medical history: ☐ **HTN** ☐ **Renal Disease** ☐ **Retinopathy** ☐ **Neuropathy** ☐ **CVD**

**Please provide any relevant details e.g. Exercise limitations*

Referral for:

☐ **Diabetes Team (RN and RD) assessment and education (1:1 and/or Group Programs)**
☐ **Insulin Initiation education (must be accompanied by an insulin order)**
☐**Diabetes Educator may teach insulin dose adjustment by 1-2 units or up to 10% of total daily dose ** Physician signature required when selecting insulin initiation/dose adjustment option****

Physician signature: _____ **Date:** _____

**We do not accept referrals for gestational diabetes, pregnancy counselling or patients on insulin pumps

Please fax to: 416 586 3175
Attn: Helen Da Silva

Ontario