VGH Diabetes Centre Referral Form

Please complete in full and fax to 604-875-8276

PATIENT INFO

Name _____
Last First initial___

Gender ☐ M ☐ F ☐ Other_____Pronouns_____

Address _____
postal code

Phone _____ (home) _____ (Other)

Email: _____

Date of Birth_____ PHN _____
mm dd yy

Alternate Contact Name/Phone _____ Relationship _____

Is a professional interpreter needed? ☐ Yes: Specify language: _____

☐ No, patient speaks English ☐ No, family member /friend will interpret

Barriers to learning in a group or class ☐ Frail elderly ☐ Cognitive impairment

☐ Other _____

IMPORTANT

Referral will not be processed without recent labs.

- FPG, 2h PG where applicable
- A1c (within 3 months)
- Lipid profile
- Serum creatinine + eGFR
- Albumin/creatinine ratio (ACR)

We do not accept referrals for:

- **Pre-diabetes**
- **A1c <8.6% while on ≤ 2 anti-hyperglycemic agents that do not include insulin, sulfonlyureas, meglitinides**

Please find our admission criteria and a link to other referral options on the back.

FAMILY PHYSICIAN INFO

Dr. _____ Billing No. _____

Address _____
postal code

Phone _____ Fax_____

SPECIALIST/CONSULTANT INFO

Dr. _____ Billing No. _____

Address _____
postal code

Phone _____ Fax _____

PRINCIPAL REASON FOR REFFERAL

Would you like the patient to be seen by one of our Diabetes Centre physicians? ☐ No ☐ Yes

Please note: The patient will be seen by one of our physicians if one or more of the following is present:
a) FPG >12 b) A1c >10.0%
c) Known diabetes complications
d) A1c remains >7.5% at 6 months after attending our program

If you require an endocrinology referral for a patient who does not meet our centre's admission criteria, please refer directly to the endocrinologist's office.

DIABETES HISTORY

Age at diagnosis: Current age:

DIABETES MEDICATIONS/DOSE

OTHER RELEVANT MEDICATIONS/DOSE

KNOWN DIABETES COMPLICATIONS

☐ CAD/Stroke/PVD ☐ Nephropathy ☐ Retinopathy

☐ Neuropathy ☐ Foot Problems

Comments: _____

_____

RELATED MEDICAL ISSUES

☐ Hypertension ☐ Sexual Dysfunction

☐ Respiratory/COPD ☐ GI Problems ☐ Depression

☐ Mental Health (Specify) _____

☐ Other _____

Referring Physician Name

Date

See information on back.

VGH DIABETES CENTRE INFORMATION

Do not fax this side when referring patients to the Centre. This information is for your use only.

Address

Diamond Health Care Centre
Station 2, 4th Floor – 2775 Laurel Street
Vancouver, BC V5Z 1M9

Office Hours

Monday to Friday – 8:00 a.m. to 4:00 p.m. Closed on statutory holidays.

Phone 604-875-5910
Fax 604-875-8276

Referral Form Instructions

Fax completed referral form to the Diabetes Centre.

Appointment Confirmation

The Diabetes Centre will contact the referring physician's office with appointment date and time.
Please notify your patient directly.

Appointments

The Diabetes Centre staff will review information provided on each referral to determine urgency and type of appointments required.

New Admission Criteria (starting July 2020). Any one of the following:

- A1c 8.6% or higher
- On insulin
- On any 3 or more antihyperglycemic agents
- On 2 or more antihyperglycemic agents which include a sulfonylurea or meglitinide
- Age 75y or more + any 2 antihyperglycemic agents
- Existence of chronic or acute diabetic complications

Please visit www.vch.ca and click on 'Location & Services' for information on other referral options and resources.

Group Education Classes

Monthly. Offered virtually (via zoom) or in person

Individual Appointments

For patients not suitable for group participation due to e.g., vision, hearing, frailty, cognitive or behaviour impairment, language barriers, complex medical management.

Insulin Starts/Changes

Patients must have an insulin prescription indicating type(s) & dose(s) of insulin.

Endocrinology Referral

- Patients with one of more of the following will be seen by one of our endocrinologists:
  a. FBG >12
  b. A1c >10%
  c. Known diabetes complications
  d. A1c >7.5% at 6 months after attending our program

- Patients who do not meet the above criteria may be referred to the endocrinologist at the discretion of the referring physician.

Diabetes Centre Reports

A report will be sent to the family physician and the referring physician after each visit. If additional copies are required, please indicate on the Referral Form.