

North Shore Chronic Disease Services Referral (v.2024)

West Vancouver Community Centre, Room 241, 2121 Marine Drive, West Vancouver V7V 4Y2

PHONE: 604-984-5752 ext 2 FAX: 604-297-9681

• .	DOB (ndary Phone #		(MSP#, name, address, phone, fax)
Mailing Address Primary Phone # Email Required Special Considerations for Trial Hearing Impairment Vision Impairment	Secon age: Mental Health	ndary Phone # Mobility Limitations		(MSP#, name, address, phone, fax)
Mailing Address Primary Phone # Email Required Special Considerations for Trial Hearing Impairment	Secon age: Mental Health	ndary Phone # Mobility Limitations		(MSP#, name, address, phone, fax)
Primary Phone # Email Required Special Considerations for Trial Hearing Impairment Vision Impairment	age: Mental Health	☐ Mobility Limitations	□ NOT S	(MSP#, name, address, phone, fax)
mail Required Decial Considerations for Trial Hearing Impairment	age: Mental Health	☐ Mobility Limitations	□ NOT S	(MSP#, name, address, phone, fax)
Special Considerations for Tria ☐ Hearing Impairment ☐ Vision Impairment	Mental Health		Пмота	(MSP#, name, address, phone, fax)
☐ Hearing Impairment ☐ ☐ Vision Impairment ☐	Mental Health		Пиота	(MSP#, name, address, phone, fax)
☐ Hearing Impairment ☐ ☐ Vision Impairment ☐	Mental Health			
☐ Vision Impairment ☐				
·	Low Income			uitable for group education
Main Reason fo r Referral:		☐ Cognitive Impairment	☐ Interp	reter Required, Language
Medical History:				
Medical History:				
Medications:				
vicalizations.				
Diabetes Education and Mana	gement			
Required: Recent Labs FPG and/or	A1C, Lipid Panel, A	ACR (if available: GTT); Endocri	nology Consu	lts (if available)
Date of Diagnosis:	_			
Diabetes Type: Type 1 [∃Type 2 □ Pre	diabetes	iabetes & Ex	spected Due Date:
☐ Insulin Start Rx:				
☐ Diabetes Nutrition Concern	s:			
				and education on wound prevention; NOT
vound care. (For wound care r	efer to North Sho	ore Home & Community Ca	re). See reve	erse side for more program details.
		es management)		
Nutritional Counselling (<u>NOT</u> r	ertension/IFG			
☐ Cholesterol/Fatty Liver/Hyp	•			
☐ Cholesterol/Fatty Liver/Hyp☐ Celiac Disease	•			
☐ Cholesterol/Fatty Liver/Hyp☐ Celiac Disease☐ Irritable Bowel Syndrome				
☐ Cholesterol/Fatty Liver/Hyp☐ Celiac Disease☐ Irritable Bowel Syndrome☐ Low Weight/Unintentional N	Weight Loss			
☐ Cholesterol/Fatty Liver/Hyp☐ Celiac Disease☐ Irritable Bowel Syndrome☐ Low Weight/Unintentional N☐ Pediatric Feeding Difficulties	Weight Loss	; :		
☐ Cholesterol/Fatty Liver/Hyp☐ Celiac Disease☐ Irritable Bowel Syndrome☐ Low Weight/Unintentional N☐ Pediatric Feeding Difficulties☐ Other:	Weight Loss s/Selective Eating			
☐ Cholesterol/Fatty Liver/Hyp☐ Celiac Disease☐ Irritable Bowel Syndrome☐ Low Weight/Unintentional N☐ Pediatric Feeding Difficulties☐ Other:☐ Captions In Pediatric For pediatric patients in Required: For pediatric patients in Pediatric patien	Weight Loss s/Selective Eating Include Growth char			
☐ Cholesterol/Fatty Liver/Hyp☐ Celiac Disease☐ Irritable Bowel Syndrome☐ Low Weight/Unintentional N☐ Pediatric Feeding Difficulties☐ Other: Required: For pediatric patients in Respiratory Education and Ma	Weight Loss s/Selective Eating Include Growth char Inagement	ts & Pediatrician Consults		
☐ Cholesterol/Fatty Liver/Hyp☐ Celiac Disease☐ Irritable Bowel Syndrome☐ Low Weight/Unintentional N☐ Pediatric Feeding Difficulties☐ Other: Required: For pediatric patients in Respiratory Education and Ma☐ Pulmonary Rehabilitation (Weight Loss s/Selective Eating nclude Growth char anagement BREATH Program	ts & Pediatrician Consults		
☐ Cholesterol/Fatty Liver/Hyp☐ Celiac Disease☐ Irritable Bowel Syndrome☐ Low Weight/Unintentional N☐ Pediatric Feeding Difficulties☐ Other: Required: For pediatric patients in Respiratory Education and Ma☐ Pulmonary Rehabilitation (Weight Loss s/Selective Eating nclude Growth char anagement BREATH Program	ts & Pediatrician Consults	ECG (within	6 mths), Chest CT or X-ray (within 1 yr)
	Weight Loss s/Selective Eating nclude Growth char anagement BREATH Program	ts & Pediatrician Consults	ECG (within	6 mths), Chest CT or X-ray (within 1 yr)
☐ Cholesterol/Fatty Liver/Hyp☐ Celiac Disease☐ Irritable Bowel Syndrome☐ Low Weight/Unintentional N☐ Pediatric Feeding Difficulties☐ Other: Required: For pediatric patients in Respiratory Education and Ma☐ Pulmonary Rehabilitation (Weight Loss s/Selective Eating aclude Growth char anagement BREATH Program ain 1 yr), - Pulmor	ts & Pediatrician Consults	ECG (within	6 mths), Chest CT or X-ray (within 1 yr)

Required: Please sign provider acknowledgement of permission on reverse side

North Shore Chronic Disease Services Program Descriptions

Diabetes Management

PREDIABETES AND DIABETES GROUP EDUCATION – Series of education classes and/or individual appointments in self-management. Team may include a Registered nurse and/or Registered Dietitian.

DIABETES IN PREGNANCY/GESTATIONAL DIABETES CLINIC – For pregnant women who have type 1, type 2 or gestational diabetes; includes group education and individual appointments with Registered Nurse, Registered Dietitian and Endocrinologist as required. **PEDIATRIC/YOUNG ADULT DIABETES CLINICS** – Multi-disciplinary team may include a Registered Nurse, Registered Dietitian, and Pediatric Endocrinologist.

DIABETES FOOT CARE – Assessment and education for diabetes foot care from a Registered Nurse and Occupational Therapist with a special focus on prevention of wounds, foot ulcers and lower extremity amputations; this program is **NOT** wound care. For wound dressings and pressure offloading, please refer to North Shore Home and Community Care. Our Foot Care Nurse can provide nail and callus care for clients who are already receiving treatment for wound(s); please just remind clients to cover wound(s) with a dressing for their visit(s) with our foot care team.

Nutritional Counselling

Offers group education or individual appointments with a Registered Dietitian for patients of all ages and types of diets. Registered Dietitian will triage into appropriate program.

Respiratory Management

PULMONARY REHABILITATION (BREATH PROGRAM) – This is an 8-week program of exercise, education and social support for clients with chronic lung conditions. The team includes a Respiratory Therapist/Certified Respiratory Educator, Physiotherapist and Respirologist.

RESPIRATORY EDUCATION – For adults with **Asthma**, **COPD** and **IDL**. Program teaches the basics of respiratory pathophysiology and provides self-management strategies. Can provide smoking cessation counselling to prevent disease from developing or worsening, as required. Also provides instruction on how to recognize and manage a flare up with an individually tailored action plan. One on one education session with follow up.

Chronic Disease Management for Patients with Complex Health Needs

When referring to Chronic Disease Management Nurse: Acknowledgement of Permission

Thank you for referring your patient to our *Chronic Disease Management Nurse*. Our Nurses work closely with you, your patient, and their family so they can better manage their condition(s), and work towards healthy targets.

We request your permission for the Nurse to order under your MSP billing number any missing or overdue blood work and diagnostics (i.e., ECG, baseline PFT, etc.) required for guideline-based care.

Please sign below to acknowledge your agreement. This agreement will remain valid for the duration of your patient's enrollment in this program, unless you formally request that this consent is withdrawn.

Signature:	Date:	
(Provider)		
T I DO NOT agree to have the Chron	nic Disease Nurse order blood work and diagnostics under my MSP billi	ag numbar

IMPORTANT REMINDER:
PLEASE ATTACH ALL REQUIRED INFORMATION TO THE REFERRAL.
FAILING TO DO SO COULD DELAY PROCESSING.

This form is regularly updated. Access latest version of PDF referral form at https://vch.eduhealth.ca/en/permalink/phem1890



North Shore Chronic Disease Services Referral (v.2024)

West Vancouver Community Centre, Room 241, 2121 Marine Drive, West Vancouver V7V 4Y2

PHONE: 604-984-5752 ext 2 FAX: 604-297-9681

• .	DOB (ndary Phone #		(MSP#, name, address, phone, fax)
Mailing Address Primary Phone # Email Required Special Considerations for Trial Hearing Impairment Vision Impairment	Secon age: Mental Health	ndary Phone # Mobility Limitations		(MSP#, name, address, phone, fax)
Mailing Address Primary Phone # Email Required Special Considerations for Trial Hearing Impairment	Secon age: Mental Health	ndary Phone # Mobility Limitations		(MSP#, name, address, phone, fax)
Primary Phone # Email Required Special Considerations for Trial Hearing Impairment Vision Impairment	age: Mental Health	☐ Mobility Limitations	□ NOT S	(MSP#, name, address, phone, fax)
mail Required Decial Considerations for Trial Hearing Impairment	age: Mental Health	☐ Mobility Limitations	□ NOT S	(MSP#, name, address, phone, fax)
Special Considerations for Tria ☐ Hearing Impairment ☐ Vision Impairment	Mental Health		Пмота	(MSP#, name, address, phone, fax)
☐ Hearing Impairment ☐ ☐ Vision Impairment ☐	Mental Health		Пиота	(MSP#, name, address, phone, fax)
☐ Hearing Impairment ☐ ☐ Vision Impairment ☐	Mental Health			
☐ Vision Impairment ☐				
·	Low Income			uitable for group education
Main Reason fo r Referral:		☐ Cognitive Impairment	☐ Interp	reter Required, Language
Medical History:				
Medical History:				
Medications:				
vicalizations.				
Diabetes Education and Mana	gement			
Required: Recent Labs FPG and/or	A1C, Lipid Panel, A	ACR (if available: GTT); Endocri	nology Consu	lts (if available)
Date of Diagnosis:	_			
Diabetes Type: Type 1 [∃Type 2 □ Pre	diabetes	iabetes & Ex	spected Due Date:
☐ Insulin Start Rx:				
☐ Diabetes Nutrition Concern	s:			
				and education on wound prevention; NOT
vound care. (For wound care r	efer to North Sho	ore Home & Community Ca	re). See reve	erse side for more program details.
		es management)		
Nutritional Counselling (<u>NOT</u> r	ertension/IFG			
☐ Cholesterol/Fatty Liver/Hyp	•			
☐ Cholesterol/Fatty Liver/Hyp☐ Celiac Disease	•			
☐ Cholesterol/Fatty Liver/Hyp☐ Celiac Disease☐ Irritable Bowel Syndrome				
☐ Cholesterol/Fatty Liver/Hyp☐ Celiac Disease☐ Irritable Bowel Syndrome☐ Low Weight/Unintentional N	Weight Loss			
☐ Cholesterol/Fatty Liver/Hyp☐ Celiac Disease☐ Irritable Bowel Syndrome☐ Low Weight/Unintentional N☐ Pediatric Feeding Difficulties	Weight Loss	; :		
☐ Cholesterol/Fatty Liver/Hyp☐ Celiac Disease☐ Irritable Bowel Syndrome☐ Low Weight/Unintentional N☐ Pediatric Feeding Difficulties☐ Other:	Weight Loss s/Selective Eating			
☐ Cholesterol/Fatty Liver/Hyp☐ Celiac Disease☐ Irritable Bowel Syndrome☐ Low Weight/Unintentional N☐ Pediatric Feeding Difficulties☐ Other:☐ Captions In Pediatric For pediatric patients in Required: For pediatric patients in Pediatric patien	Weight Loss s/Selective Eating Include Growth char			
☐ Cholesterol/Fatty Liver/Hyp☐ Celiac Disease☐ Irritable Bowel Syndrome☐ Low Weight/Unintentional N☐ Pediatric Feeding Difficulties☐ Other: Required: For pediatric patients in Respiratory Education and Ma	Weight Loss s/Selective Eating Include Growth char Inagement	ts & Pediatrician Consults		
☐ Cholesterol/Fatty Liver/Hyp☐ Celiac Disease☐ Irritable Bowel Syndrome☐ Low Weight/Unintentional N☐ Pediatric Feeding Difficulties☐ Other: Required: For pediatric patients in Respiratory Education and Ma☐ Pulmonary Rehabilitation (Weight Loss s/Selective Eating nclude Growth char anagement BREATH Program	ts & Pediatrician Consults		
☐ Cholesterol/Fatty Liver/Hyp☐ Celiac Disease☐ Irritable Bowel Syndrome☐ Low Weight/Unintentional N☐ Pediatric Feeding Difficulties☐ Other: Required: For pediatric patients in Respiratory Education and Ma☐ Pulmonary Rehabilitation (Weight Loss s/Selective Eating nclude Growth char anagement BREATH Program	ts & Pediatrician Consults	ECG (within	6 mths), Chest CT or X-ray (within 1 yr)
	Weight Loss s/Selective Eating nclude Growth char anagement BREATH Program	ts & Pediatrician Consults	ECG (within	6 mths), Chest CT or X-ray (within 1 yr)
☐ Cholesterol/Fatty Liver/Hyp☐ Celiac Disease☐ Irritable Bowel Syndrome☐ Low Weight/Unintentional N☐ Pediatric Feeding Difficulties☐ Other: Required: For pediatric patients in Respiratory Education and Ma☐ Pulmonary Rehabilitation (Weight Loss s/Selective Eating aclude Growth char anagement BREATH Program ain 1 yr), - Pulmor	ts & Pediatrician Consults	ECG (within	6 mths), Chest CT or X-ray (within 1 yr)

Required: Please sign provider acknowledgement of permission on reverse side

North Shore Chronic Disease Services Program Descriptions

Diabetes Management

PREDIABETES AND DIABETES GROUP EDUCATION – Series of education classes and/or individual appointments in self-management. Team may include a Registered nurse and/or Registered Dietitian.

DIABETES IN PREGNANCY/GESTATIONAL DIABETES CLINIC – For pregnant women who have type 1, type 2 or gestational diabetes; includes group education and individual appointments with Registered Nurse, Registered Dietitian and Endocrinologist as required. **PEDIATRIC/YOUNG ADULT DIABETES CLINICS** – Multi-disciplinary team may include a Registered Nurse, Registered Dietitian, and Pediatric Endocrinologist.

DIABETES FOOT CARE – Assessment and education for diabetes foot care from a Registered Nurse and Occupational Therapist with a special focus on prevention of wounds, foot ulcers and lower extremity amputations; this program is **NOT** wound care. For wound dressings and pressure offloading, please refer to North Shore Home and Community Care. Our Foot Care Nurse can provide nail and callus care for clients who are already receiving treatment for wound(s); please just remind clients to cover wound(s) with a dressing for their visit(s) with our foot care team.

Nutritional Counselling

Offers group education or individual appointments with a Registered Dietitian for patients of all ages and types of diets. Registered Dietitian will triage into appropriate program.

Respiratory Management

PULMONARY REHABILITATION (BREATH PROGRAM) – This is an 8-week program of exercise, education and social support for clients with chronic lung conditions. The team includes a Respiratory Therapist/Certified Respiratory Educator, Physiotherapist and Respirologist.

RESPIRATORY EDUCATION – For adults with **Asthma**, **COPD** and **IDL**. Program teaches the basics of respiratory pathophysiology and provides self-management strategies. Can provide smoking cessation counselling to prevent disease from developing or worsening, as required. Also provides instruction on how to recognize and manage a flare up with an individually tailored action plan. One on one education session with follow up.

Chronic Disease Management for Patients with Complex Health Needs

When referring to Chronic Disease Management Nurse: Acknowledgement of Permission

Thank you for referring your patient to our *Chronic Disease Management Nurse*. Our Nurses work closely with you, your patient, and their family so they can better manage their condition(s), and work towards healthy targets.

We request your permission for the Nurse to order under your MSP billing number any missing or overdue blood work and diagnostics (i.e., ECG, baseline PFT, etc.) required for guideline-based care.

Please sign below to acknowledge your agreement. This agreement will remain valid for the duration of your patient's enrollment in this program, unless you formally request that this consent is withdrawn.

Signature:	Date:	
(Provider)		
T I DO NOT agree to have the Chron	nic Disease Nurse order blood work and diagnostics under my MSP billi	ag numbar

IMPORTANT REMINDER:
PLEASE ATTACH ALL REQUIRED INFORMATION TO THE REFERRAL.
FAILING TO DO SO COULD DELAY PROCESSING.

This form is regularly updated. Access latest version of PDF referral form at https://vch.eduhealth.ca/en/permalink/phem1890