



Outpatient Adult Diabetes Education (DEC) Referral

Forward to Diabetes Education Center at Markham Stouffville Hospital

Health Services Building 3rd Floor
379 Church Street. Fax: 905-472-7533
Markham, ON. L6B 0T1 Ph: 905-472-7527 (ext 1)

Name: _____ Gender: M F DOB (dd/mm/yyyy) _____

Address: _____ Hm. Phone # _____ Wk. Phone # _____

City: _____ Postal code: _____ Health Card # _____

Language service required in: Tamil Punjabi Hindi Urdu Malayalam Cantonese Mandarin
If no language is selected, service will be provided in English Is translation required?
 No Yes (specify language): _____

Referring MD: _____ Phone #: _____ Fax #: _____

TYPE OF DIABETES Date of Diagnosis: _____
 Type 1 Gestational Diabetes (_____ weeks)
 Type 2 Type 1 in Pregnancy (_____ weeks)
 Prediabetes (Impaired Glucose Tolerance) Type 2 in Pregnancy (_____ weeks)
 Impaired GTT of Pregnancy (_____ weeks)
For Gestational Diabetes, patients will see an affiliated Endocrinologist at the DEC

REASON FOR REFERRAL TO DEC

HEALTH HISTORY
 See attached Neuropathy Dyslipidemia Allergies: NKA
 Cardiac Hx _____ Retinopathy Foot/Skin Problems
 Vascular disease Nephropathy Obesity
 Hypertension Mental Health Concerns Exercise Restrictions
 Other _____

LAB DATA (WITHIN THE LAST 3 MONTHS) See attached

| Date | FBG/RBG | HbA1C | CHOL | HDL | LDL | TRIG | Creatinine | Microalbumin/Creatinine Ratio |
|------|---------|-------|------|-----|-----|------|------------|-------------------------------|
| | | | | | | | | |
| | | | | | | | | |

GESTATIONAL GTT: Test date: _____ grams FBG _____ 1hr _____ 2hr _____

CURRENT DIABETIC MEDICATIONS / DOSE / TIMING:
Oral Hypoglycemic Agents: _____

INSULIN: _____

OTHER MEDICATIONS: _____

INSULIN START / ADJUSTMENT:
 Request DEC educators make recommendations and fax back to physician's office for authorization
OR
 See attached Markham Stouffville Hospital *Insulin Initiation/Adjustment Order Set - Outpatient Adult Diabetes Education Program* form

NOTE: Patient will be contacted directly by the endocrinologist office with date & time of appointment.
See next page...





Outpatient Adult Diabetes Education (DEC) Referral (continued)

The DEC has affiliated Endocrinologists who may see patients at the DEC at their discretion.

For a referral to one of the affiliated endocrinologists, please refer to one of the following endocrinologists as outlined below:

- For Dr. J. Bahrami, check box and fax to DEC (905-472-7533)

Languages spoken:

English
Farsi

Address:

379 Church Street, Suite 308
Markham ON L6B 0T1

- For Dr. L. Bishara, check box and fax form to Dr. Bishara's office (905-201-4956) **AND** the DEC (905-472-7533)

Languages spoken:

English
Arabic
French

Address:

Ashgrove Medical Centre
6633 Highway 7 East
Markham ON L3P 7P2

- For Dr. E. Kogan, check box and fax to DEC (905-472-7533)

Languages spoken:

English
Russian

Address:

379 Church Street, Suite 404A
Markham ON L6B 0T1

- For Dr. P Tsao, check box and fax to DEC (905-472-7533)

Languages spoken:

English
Mandarin

Address:

9889 Markham Road, Unit 208
Markham ON L6E 0B7

- For Dr. J Qiang, check box and fax to DEC (905-472-7533)

Languages spoken:

English
Mandarin

Address:

9889 Markham Road, Unit 208
Markham ON L6E 0B7

**If Endocrinologist referral requested and not indicated,
it will be directed to the Endocrinologist on call**

NOTE: Patient will be contacted directly by the endocrinologist's office with date & time of appointment.

