

PATIENT INFO		IMPORTANT
<p>Name _____ Last First initial</p> <p>Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other _____ Pronouns _____</p> <p>Address _____ postal code _____</p> <p>Phone _____ (home) _____ (Other)</p> <p>Email: _____</p> <p>Date of Birth _____ PHN _____ mm dd yy</p> <p>Alternate Contact Name/Phone _____ Relationship _____</p> <p>Is a professional interpreter needed? <input type="checkbox"/> Yes: Specify language: _____ <input type="checkbox"/> No, patient speaks English <input type="checkbox"/> No, family member /friend will interpret</p> <p>Barriers to learning in a group or class <input type="checkbox"/> Frail elderly <input type="checkbox"/> Cognitive impairment <input type="checkbox"/> Other _____</p>		<p>Referral will not be processed without recent labs.</p> <ul style="list-style-type: none"> • FPG, 2h PG where applicable • A1c (within 3 months) • Lipid profile • Serum creatinine + eGFR • Albumin/creatinine ratio (ACR) <p>We do not accept referrals for:</p> <ul style="list-style-type: none"> • Pre-diabetes • A1c <8.6% while on ≤ 2 anti-hyperglycemic agents that do not include insulin, sulfonylureas, meglitinides <p>Please find our admission criteria and a link to other referral options on the back.</p>
FAMILY PHYSICIAN INFO	SPECIALIST/CONSULTANT INFO	
<p>Dr. _____ Billing No. _____</p> <p>Address _____ postal code _____</p> <p>Phone _____ Fax _____</p>	<p>Dr. _____ Billing No. _____</p> <p>Address _____ postal code _____</p> <p>Phone _____ Fax _____</p>	
PRINCIPAL REASON FOR REFFERAL	DIABETES HISTORY	
<p>Would you like the patient to be seen by one of our Diabetes Centre physicians? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Please note: The patient will be seen by one of our physicians if one or more of the following is present:</p> <p>a) FPG >12 b) A1c >10.0% c) Known diabetes complications d) A1c remains >7.5% at 6 months after attending our program</p> <p>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.</p>	<p>Age at diagnosis: _____ Current age: _____</p> <p>DIABETES MEDICATIONS/DOSE</p>	
	<p>OTHER RELEVANT MEDICATIONS/DOSE</p>	
KNOWN DIABETES COMPLICATIONS	RELATED MEDICAL ISSUES	
<p><input type="checkbox"/> CAD/Stroke/PVD <input type="checkbox"/> Nephropathy <input type="checkbox"/> Retinopathy</p> <p><input type="checkbox"/> Neuropathy <input type="checkbox"/> Foot Problems</p> <p>Comments: _____</p>	<p><input type="checkbox"/> Hypertension <input type="checkbox"/> Sexual Dysfunction</p> <p><input type="checkbox"/> Respiratory/COPD <input type="checkbox"/> GI Problems <input type="checkbox"/> Depression</p> <p><input type="checkbox"/> Mental Health (Specify) _____</p> <p><input type="checkbox"/> Other _____</p>	
<p>Referring Physician Name</p> <p>Date</p>		

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 to see an Endocrinologist

Please be advised the current wait time to see an Endocrinologist is approximately **1 to 2 years**, exempt in cases deemed urgent.

Appointment Confirmation

Confirmation of appointments is required **at least 2 weeks** prior to the scheduled date. Cancellations and reschedules must be made with a minimum of **48 hours' notice**. Missed or cancelled appointments may lead to a **3–6-month** delay in rebooking.

Appointments

The Diabetes Centre staff will review information provided on each referral to determine urgency and type of appointments required. Once the referral is accepted, we will contact the patient directly to schedule an appointment. If the referral does not meet the clinic's criteria, we will notify you of the decision via fax.

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.