

SUNDEC (Sunnybrook Diabetes Education) Patient Referral Form

Phone: 416 480-4805

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Patient information

Referring Doctor Information

Name: Address: City: Postal Code: Phone: Home: Cell/Other: Date of Birth: Health Card:	Name: Billing #: Address: City: Postal Code: Phone: Fax: Email: *Pt's are contacted directly
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Type of diabetes:

- Type 1
 Type 2
 Prediabetes (A1C < 6.5%)
 Prevention
 Other:

Medications: None Patient is currently taking the following diabetes medications:

Oral Agents:

Insulin:

Other relevant meds:

- Patient is currently on insulin, needs help with insulin titration: Yes
- Patient requires an appointment to start insulin: Yes

Type of insulin prescribed	Starting Dose	Target blood sugar

★ **Signing this referral authorizes the SUNDEC Diabetes educator to adjust insulin by up to 15%.** ★

Physician Signature: _____

Date: _____

Relevant Medical History (check all that apply)

- CVD Nephropathy Hypertension
 Retinopathy Hypercholesterolemia PCOS
 Other:

Lab results attached

Date	Lab test	Result	Date	Lab test	Result
	A1C			Cr	
	FBS			GFR	
	LDL			ACR	

Note: SUNDEC appointments do not include an endocrinologist. Would you like this referral to be forwarded to an endocrinologist at Sunnybrook Health Sciences Centre: Yes