

# SUNDEC – SELF REFERRAL FORM

## Sunnybrook Diabetes Education Centre

2075 Bayview Avenue, Toronto On, M4N 3M5

Phone: 416 480-4805/ Fax: 416 480-4283

Administrative Assistant: Corrie.Procak@Sunnybrook.ca

Name: \_\_\_\_\_

Health Card # \_\_\_\_\_ V.C. \_\_\_\_\_

DOB: \_\_\_\_\_

HFN : \_\_\_\_\_

Address: \_\_\_\_\_

Best Contact # : \_\_\_\_\_

\_\_\_\_\_

Alt. Phone Number: \_\_\_\_\_

**Do you know what type of Diabetes you may have?**

Type 1 - Duration \_\_\_\_\_

Are you on a Pump??

Type 2 - Duration \_\_\_\_\_

Pre Diabetes (IGT, IFG)

At Risk for DM (prevention)

**Medications \*Please bring a list of medications\***  
**Diabetes Medications:**

\_\_\_\_\_  
\_\_\_\_\_

**Other Medications:**

\_\_\_\_\_  
\_\_\_\_\_

**ADMIN NOTES :** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

### NURSING SECTION

#### Medical History

\_\_\_ Hypertension    \_\_\_ Hyperlipidemia

\_\_\_ Nephropathy    \_\_\_ Retinopathy

\_\_\_ Neuropathy    \_\_\_ PCOS

\_\_\_ Depression

#### Lab Results

A1C \_\_\_\_\_ Date \_\_\_\_\_

FPG \_\_\_\_\_ Date \_\_\_\_\_

OGTT \_\_\_\_\_ Date \_\_\_\_\_

Total Cholesterol \_\_\_\_\_ Date \_\_\_\_\_

HDL \_\_\_\_\_ /LDL \_\_\_\_\_ /TG \_\_\_\_\_

Chol/HDL ratio \_\_\_\_\_ Date \_\_\_\_\_

eGFR \_\_\_\_\_ Date \_\_\_\_\_

MA/Cr ratio \_\_\_\_\_ Date \_\_\_\_\_

Creatinine \_\_\_\_\_ Date \_\_\_\_\_

Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Doctor: \_\_\_\_\_

Tele #: \_\_\_\_\_

Endocrinologist: \_\_\_\_\_

Tele #: \_\_\_\_\_