

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: sundec@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 #: _____