

**OTTAWA COMMUNITY DIABETES EDUCATION  
PROGRAMS REFERRAL FORM  
ADULTS TYPE 2 and PRE-DIABETES**

FOR OFFICE USE ONLY:

Date Received:

copy of report sent to physician

Appointment Date:

**PATIENT INFORMATION:**

Name: \_\_\_\_\_ M  F  DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last Name First Name YYYYY MM DD

Address: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_  
Street City Postal Code (Work) \_\_\_\_\_  
(Mobile) \_\_\_\_\_

Language: English  French  Other

If interpretation service required, indicate language. \_\_\_\_\_

Substitute Decision Maker /Parent/Guardian:

\_\_\_\_\_  
First Name Last Name Phone (Daytime) Phone (Evening)

**SERVICE OPTIONS:**

- Pre-diabetes education and support (Group and/or Individual)
- Diabetes education and support (Group and/or Individual)
- Insulin initiation
- Insulin and/or medication adjustment
- Refresher/Follow-up

**Chiropody services available via Diabetes Education Programs**

**SEND REFERRAL TO PROGRAM DIRECTLY - See back for program listings**

**Children under 18 yrs diagnosed with diabetes should be referred immediately to CHEO 613- 737-7600 x 2222 ask for diabetes Dr. on call. Adults over 18 yrs with complex issues can be referred to an endocrinologist. Please see [www.champlindrcc.ca](http://www.champlindrcc.ca) for listings.**

**REQUIRED DOCUMENTS- PLEASE ATTACH:**

- INSULIN ORDERS:** Insulin prescription form  
<http://www.ocfp.on.ca/docs/current-issues/insulin-titration---insulin-prescription.pdf?sfvrsn=1>
- REQUIRED LAB RESULTS: HBA1C; CREATININE; ALBUMIN/CREATININE RATIO; LIPID PROFILE;**
- MEDICAL HISTORY/RISK FACTORS (Summary):** significant medical history, special needs, other considerations
- MEDICATIONS:** Attach list of **All** medications (name/dose/frequency)

**PRIMARY CARE PROVIDER (or stamp):**

Date of referral:

Name:

Address:

Phone:

Fax:

Signature:

**NAME (or stamp) of REFERRING PROVIDER (if other than Primary Care Physician)**

Date of referral:

Name:

Address:

Phone:

Fax:

Signature:

Program #	Diabetes Program/Service	Location	Phone No. Fax No.
1	<b>Bruyère Academic Family Health Team Diabetes Education Program</b> <i>English, French</i>	75 Bruyère St.	Tel: 613-241-3344 ext. 362 FAX: 613-613-241-1160
2	<b>Community Diabetes Education Program of Ottawa (CDEPO)</b> <i>English, French, Arabic, ASL, Cantonese, Hindi, Italian, Mandarin, Polish, Punjabi, Spanish, Urdu, Vietnamese</i>	Centretown CHC 420 Cooper Street  Eastern Ottawa CRC 2339 Ogilvie Road  Hunt Club/Riverside CRC 3320 Paul Anka Drive  Nepean CRC/Merivale Mall 1642 Merivale Road  Overbrook-Forbes CRC 225 Donald Street  Orleans-Cumberland CRC 240 Centrum Road  South Nepean Satellite CHC, Barrhaven 4100 Strandherd Drive  Pinecrest-Queensway CHC 1365 Richmond Road  South East Ottawa CHC 1355 Bank Street  Western Ottawa CRC, Kanata 2 MacNeil Court	Tel: 613-233-6655 FAX: 613-233-6713
3	<b>Eastern Ottawa Family Health Team</b> <i>English, French, Creole</i>	2339 Ogilvie St., office 204  3095 St Joseph Boulevard., office 202  225 Donald Street , Suite 120,	Tel: 613-842-7960 FAX: 613-842-4428  Tel: 613-590-0533 FAX: 613-590-7351  Tel: 613-745-2228 FAX: 613-745-9520
4	<b>The Ottawa Hospital Academic Family Health Team - Healthy Lifestyle and Diabetes Program</b> <i>English</i>	1967 Riverside Drive  210 Melrose Avenue	Tel: 613-798-5555 ext. 13512 FAX: 613-761-4417
5	<b>Ottawa South Diabetes Education Program</b> <i>English, French, Arabic</i>	1221 Greenbank Road	Tel: 613-258-8714 FAX: 613-440-3238
6	<b>Wabano Diabetes Education Program</b> <i>English, with Ojibwe, Cree and Inuktitut translator services if necessary</i>	299 Montreal Road	Tel: 613-748-5999 FAX: 613-748-0550