Sinai Health | Mount Sinai Hospital
Joseph & Wolf Lebovic Health Complex

Diabetes Education Program
Mount Sinai Academic Family Health Team
60 Murray Street 4th Floor, Box 25
Toronto, Ontario M5T 3L9
Tel: 416-586-4800 ext 5160
Fax: 416-586-3175

Referral for Diabetes Education

Patient's name:	**Date of birth (DD/MM/YYYY):**	
Physician's name:	**Patient's telephone #:**	**Health Card #:**
Patient's address: **Patient's email (mandatory):**		

Referral for: ☐ Type 2 diabetes ☐ Pre-diabetes ☐ At risk for Diabetes

Duration of diagnosis: ☐ **New** ☐ **Longstanding**

**Please include or attach most recent blood work results*

Date:

FBS	**HbA1c**	**TChol/HDL**	**eGFR**
OGTT	**LDL**	**Cr**	**Microalb/CR**

Current Medications: Please include or attach list of all

Relevant medical history: ☐ **HTN** ☐ **Renal Disease** ☐ **Retinopathy** ☐ **Neuropathy** ☐ **CVD**

**Please provide any relevant details e.g. Exercise limitations*

Referral for:

☐ **Diabetes Team (RN and RD) assessment and education (1:1 and/or Group Programs)**
☐ **Insulin Initiation/titration education*** ***must be accompanied by a completed Insulin Order and Prescription)** ***Physician signature required when selecting insulin initiation/dose adjustment option****

Physician signature: _____ **Date:** _____

**We do not accept referrals for gestational diabetes, pregnancy counselling or patients on insulin pumps

Please fax to: 416 586 3175
Attn: MSH Family Medicine - Diabetes Team