NORTH YORK GENERAL

Diabetes Centre
Branson Ambulatory Care Centre
555 Finch Avenue West
Toronto, Ontario M2R 1N5
T 416.635.2575
nygh.on.ca/diabetes

Centre for Complex Diabetes Care (CCDC) Referral:
Comprehensive Case Management for Adults

PATIENT INFORMATION

Name: Address: E-mail: Spoken language:	DOB: GENDER: HCN:	Home # Cell # Work #

DIAGNOSIS

☐ Type 1 Diabetes for _____ years ☐ Type 2 Diabetes for _____ years

REASON FOR REFERRAL (Please check at least 1 box or provide details below)

☐ **Unmanaged** Diabetes complications
☐ **Barriers** in accessing health care:
eg. **serious** mental illness/mobility/frail elderly
☐ **Comorbidities** which impact glycemic control
☐ **Recurrent** hospitalization/ER visit

Please provide details or specific concerns to be addressed:
☐ See attached consult note and/or: _____

_____

_____

_____

RELEVANT MEDICAL HISTORY

Medication: ☐ Attach list or ☐ List here:

_____

_____

Laboratory Tests: Please attach most recent blood work (eg. A1c)

CCDC Care is inter-professional and concurrent along with the Primary Care Provider. A plan of care is established focusing on patient specific goals and patients will be transitioned to a Diabetes Education Centre (DEC) as needed, when appropriate.

☐ Allow for Endocrinology consult at CCDC's discretion. Billing Number_____

Patients who do not meet the referral criteria will automatically be referred to a Diabetes Education Centre.

Referring Physician Information (or stamp)	**Primary Care Physician Information**
Name: Address: Phone: Fax: Signature: _____ Date: _____	☐ N/A: same as referring physician Name: Address: Phone: Fax: