

## Toronto Central Referral Service Diabetes Referral

Referrals can be made by fax at 416-778-1305, by [Ocean eReferral](#), or by mail at 955 Queen St. E., Toronto, ON., M4M 3P3

More Information Available at online at [www.TorontoDiabetesReferral.com](http://www.TorontoDiabetesReferral.com)

*Personal Information – Provide Information about the person being connected			
*First name:	*Last name:	*Date of Birth: (yyyy/mm/dd):	
Pronoun(s):	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other:		
*Address: (with postal code) <input type="checkbox"/> No fixed address	Preferred Language:	*Health card number: (with version code) <input type="checkbox"/> No OHIP	
*Preferred phone number(s): <input type="checkbox"/> No phone		Can a message be left? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
*Identity (to support connection to cultural-specific programming): <input type="checkbox"/> African/Caribbean/Black <input type="checkbox"/> Francophone <input type="checkbox"/> South Asian <input type="checkbox"/> Chinese <input type="checkbox"/> Indigenous <input type="checkbox"/> I don't know <input type="checkbox"/> East Asian <input type="checkbox"/> Latin American <input type="checkbox"/> Other		Factors Impacting Health: <input type="checkbox"/> Experiencing Homelessness <input type="checkbox"/> Low Income <input type="checkbox"/> Homebound <input type="checkbox"/> Newcomer/Refugee <input type="checkbox"/> Food Insecurity <input type="checkbox"/> Non-insured <input type="checkbox"/> Living with mental health conditions <input type="checkbox"/> Other:	
Reason(s) for referral:			
<input type="checkbox"/> Check box if referral is urgent and state reason (e.g. crisis, ER visit):			

*Type of Diabetes	*Program(s) & Service(s) Requested (check all that apply) – Refer to program descriptions on next page		
<input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Type 2 diabetes <input type="checkbox"/> If Pregnant: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> GDM <input type="checkbox"/> Prediabetes <input type="checkbox"/> High risk of diabetes <input type="checkbox"/> History of GDM <input type="checkbox"/> Other:	<input type="checkbox"/> Centre for Complex Diabetes Care <input type="checkbox"/> Diabetes Prevention Program <input type="checkbox"/> Diabetes Education Program (DEP) <input type="checkbox"/> Endocrinologist Consult & Endocrinology / Diabetes Clinic <input type="checkbox"/> Diabetes Eye Screening Program <input type="checkbox"/> Self-Management Program <input type="checkbox"/> Pediatric Diabetes Program (**Established diabetes only)	<input type="checkbox"/> Insulin Start <input type="checkbox"/> Insulin Titration <input type="checkbox"/> Insulin Pump Initiation <input type="checkbox"/> Insulin Pump Adjustment <input type="checkbox"/> Non-insulin injectable start <input type="checkbox"/> Foot Care <input type="checkbox"/> Preconception counseling <input type="checkbox"/> Social Supports	<input type="checkbox"/> Ontario Health atHome Services <ul style="list-style-type: none"> <li><input type="checkbox"/> Home care (RN, RD, SLP, OT, PT, Social work services, LTC)</li> <li><input type="checkbox"/> Community support services (Meals on Wheels, Transportation)</li> <li><input type="checkbox"/> Connection to primary care</li> <li><input type="checkbox"/> Wound care</li> </ul>
Time Since Diagnosis: <input type="checkbox"/> New <input type="checkbox"/> Established	<b>For referrals in pregnancy: *Include 50 g CGT or 75 g GTT lab results</b> *Hospital they plan to deliver: _____ Due Date (yyyy/mm/dd): _____ GA: _____ weeks      Gravida: _____ Para: _____		

\*Attach recent lab results (including A1C), medication list and medical history       Check box if this information is not available to you

Orders for Insulin and/or GLP-1 Initiation & Advance Directives for Ongoing Adjustments (For DEP Referrals)	
Insulin Type: Dose & Time:	<input type="checkbox"/> Adjust insulin dose by 1-2 units or up to 10% of total daily insulin dose to achieve glycemic targets of ac 4-7 mmol/L and pc 5-10 mmol/L or individual target of: _____ OR <input type="checkbox"/> Adjust insulin by: _____
Insulin Type: Dose & Time:	<input type="checkbox"/> Adjust insulin dose by 1-2 units or up to 10% of total daily insulin dose to achieve glycemic targets of ac 4-7 mmol/L and pc 5-10 mmol/L or individual target of: _____ OR <input type="checkbox"/> Adjust insulin by: _____
GLP-1: Type Dose & Time:	<input type="checkbox"/> Adjust GLP-1 by: _____
Other antihyperglycemic agent(s) Rx: Upon Insulin/GLP-1 Initiation: To Discontinue (if applicable):	
Prescriber Signature required for above Insulin/GLP-1 Initiation and advanced directives:	
<a href="#">TDCC Insulin Order Form</a> available for guidance or completion	

Permission to Share & Access Personal Health Information – Complete this ONLY if the person is giving their permission			
*By completing this referral it is implied that you have obtained the consent of the person being referred to share the above information with the Central referral service and the selected program(s) for the purpose of connecting to diabetes-related care.			
<input type="checkbox"/> Check box to show that the person being referred has given their permission to the central referral service and the selected programs to get their diabetes-related health information from their primary care provider, pharmacist and/or their electronic labs and medical records.			
Primary Care Provider Information: <input type="checkbox"/> See completed below   OR   Name: _____	Phone: _____	Fax: _____	
Diabetes Specialist Information: <input type="checkbox"/> See completed below   OR   Name: _____	Phone: _____	Fax: _____	

*Referral Source Information - Provide all available information to support high quality care	
*First name:	*Last name:
*Phone:	*Clinical Fax (if applicable):
Position & Organization:	
*MD/NP Signature (if applicable):	CPSO# (if applicable):

## What to Expect After Submitting the Referral:

Once you have faxed or mailed this form to the Toronto Central Referral Service (TCRS):

1. The TCRS will contact you (within 1-2 business days by fax or phone if required) to confirm that the referral has been received and to let you know which program(s) the referral has been forwarded to;
2. The program(s) will connect directly with the person being referred to register them in their program; and
3. If permission has been given by the person being referred, the program may connect with you and others within their healthcare team (e.g. family doctor, pharmacist) as required.

**If the person being referred has not heard from the program within 3-4 weeks  
call the TCRS at 416-778-0676 x 2242**

**Diabetes Program Descriptions** – Individual program information can be found on the TDCC website at [www.TorontoDiabetesReferral.com](http://www.TorontoDiabetesReferral.com)

Diabetes Program Type	Description & Care Setting(s)	Populations Supported	Referrals Accepted From
<b>Centre for Complex Diabetes Care</b>	A specialized hospital team providing integrated care from a single access point. The team may include endocrinologists, Certified Diabetes Educators (RNs & RDs), NPs, social workers, case managers, pharmacists and chiropodists. Once diabetes care is stabilized, care is often transferred to an appropriate diabetes program in hospital or community.	<ul style="list-style-type: none"> <li>• Adults with type 1 or type 2 diabetes taking insulin</li> <li>• Sub-optimal glycemic control</li> <li>• Barriers in accessing health care (eg. serious mental illness, mobility challenges, frail elderly, impacted by social determinants of health)</li> <li>• Recurrent hospitalizations / ER visits</li> </ul>	<ul style="list-style-type: none"> <li>• Physician / Primary Care Provider</li> <li>• Allied Health Provider</li> </ul>
<b>Diabetes Prevention Program</b>	Population-specific group programs for individuals at risk of developing type 2 diabetes. Groups offered by RDs and RNs. For those whom group programs are not suitable or those who don't identify with one of the populations of focus, please refer to a Diabetes Education Program (DEP).	<ul style="list-style-type: none"> <li>• Adults at risk of developing type 2 diabetes</li> <li>• Persons who identify as Indigenous, African/Caribbean/Black, Latin American or South Asian</li> </ul>	<ul style="list-style-type: none"> <li>• Physician / Primary Care Provider</li> <li>• Allied Health Provider</li> <li>• Self and caregiver referrals</li> </ul>
<b>Diabetes Education Program (DEP)</b>	Team-based programs providing individual counselling and group workshops that provide diabetes self-management education and care (including insulin initiation & titration and foot screening). Teams include Certified Diabetes Educators (RNs & RDs), and may also include other healthcare providers (eg. chiropodists, social workers, registered kinesiologists). In Toronto, most programs are located within CHCs and FHTs.	<ul style="list-style-type: none"> <li>• Adults with type 2 diabetes or prediabetes or at risk of diabetes</li> <li>• Some programs able to support people with type 1 diabetes and diabetes in pregnancy / GDM without health insurance/OHIP</li> </ul>	<ul style="list-style-type: none"> <li>• Physician / Primary Care Provider</li> <li>• Allied Health Provider</li> <li>• Self and caregiver referrals</li> </ul>
<b>Endocrinology / Diabetes Clinic</b>	<b><i>*Initial referral to endocrinologist usually required.</i></b> Endocrinologists work closely with Certified Diabetes Educators (RNs & RDs) to provide specialized diabetes care and self-management education. Teams may include other healthcare providers. Most clinics offer or operate closely with internal diabetes in pregnancy programs. In Toronto, most clinics are located within hospitals.	<ul style="list-style-type: none"> <li>• Adults with type 1 or complex type 2 diabetes</li> <li>• Diabetes in pregnancy / Gestational diabetes</li> <li>• Insulin pump care</li> </ul>	<ul style="list-style-type: none"> <li>• Physician / Primary Care Provider</li> </ul>
<b>Diabetes Eye Screening Program (DESP)</b>	Free diabetes eye screening for adults with diabetes who have not had eye screening within the last year. Screenings are done by an RPN and results are interpreted by a retinal specialist. Program is offered in several locations across Toronto.	<ul style="list-style-type: none"> <li>• Adults with type 1 or type 2 diabetes</li> <li>• Have not had an eye exam with dilating drops in the past year</li> <li>• OHIP not required</li> </ul>	<ul style="list-style-type: none"> <li>• Physician / Primary Care Provider</li> </ul>
<b>Pediatric Diabetes Program</b> <b><i>**For any newly diagnosed children &lt;18, please send to the nearest ED or immediately page the pediatrician at your nearest hospital.</i></b>	Endocrinologists work closely with Certified Diabetes Educators (RNs & RDs) and social workers to provide specialized care for children with diabetes.	<ul style="list-style-type: none"> <li>• Children &amp; adolescents with type 1, type 2 and other types of diabetes</li> <li>• Insulin pump care</li> </ul>	<ul style="list-style-type: none"> <li>• Physician / Primary Care Provider</li> </ul>
<b>Chronic Disease Self-Management Program</b>	Trained Peer-led program for adults living with chronic conditions, as well as Caregivers. Supports individuals to learn and practice self-management and behavior change skills such as goal setting. Six week series and single sessions available on a variety of health topics. Virtual and in-person options available.	<ul style="list-style-type: none"> <li>• Adults living with chronic conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Physician / Primary Care Provider</li> <li>• Allied Health Provider</li> <li>• Self and caregiver referrals</li> </ul>

Legend: CHC = Community Health Centre; FHT = Family Health Team