

Connect with the TCRS for further information or to make referrals on-line or by phone (www.TorontoDiabetesReferral.com or 416-778-0676 x 242)

<b>Step 1: *Select Program Type(s)</b> (Which type(s) of program you would like to be connected to?)	
<input type="checkbox"/> <b>Diabetes Education Program</b> - individual & group programs for adults with type 2 diabetes, prediabetes or at high risk of developing diabetes (led by healthcare providers) <b>Please select any desired program focus:</b> <input type="checkbox"/> Aboriginal <input type="checkbox"/> Chinese <input type="checkbox"/> Francophone <input type="checkbox"/> Homeless <input type="checkbox"/> Mental Health <input type="checkbox"/> Newcomer <input type="checkbox"/> Racialized women of colour <input type="checkbox"/> South Asian <input type="checkbox"/> Close to home <input type="checkbox"/> I don't know <input type="checkbox"/> Other:	
<input type="checkbox"/> <b>Diabetes Eye Screening (Teleophthalmology Program)</b> - yearly diabetes eye screening for adults with type 2 diabetes who have not had a screening within the past year	
<input type="checkbox"/> <b>Diabetes Prevention Program</b> – group programs for adults at risk of type 2 diabetes (led by healthcare providers) <b>Please select the most appropriate ethnic/cultural focus:</b> <input type="checkbox"/> Aboriginal <input type="checkbox"/> Caribbean <input type="checkbox"/> East African <input type="checkbox"/> Latin America <input type="checkbox"/> South Asian <input type="checkbox"/> I don't know <input type="checkbox"/> Other:	
<input type="checkbox"/> <b>Self-Management Program</b> – group programs for adults living with long-term health conditions interested in improving their self-management skills (led by trained individuals with lived experience)	
If a <b>specific program, location and/or day or time</b> is preferred provide details (e.g. program name, location, or day of week):	

<b>Step 2: Provide Personal Information</b> (Information about the person living with of at risk of diabetes)	
*First name:	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other:
*Last name:	<input type="checkbox"/> Check this box if there is no OHIP coverage
*Date of Birth: (mm/dd/yyyy)	<input type="checkbox"/> Check this box if there is no primary care
*Current address:(including postal code) <input type="checkbox"/> No fixed address	
*Preferred phone number(s): <input type="checkbox"/> No phone	Preferred time for phone call: Can a message be left? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure
<b>How would rate the ability to speak and understand English?</b> <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Not Very Good <input type="checkbox"/> Not at All What language would you be most comfortable to speak in with a healthcare provider?	
*Type of Diabetes: <input type="checkbox"/> T2DM <input type="checkbox"/> Prediabetes <input type="checkbox"/> High risk for diabetes <input type="checkbox"/> I don't know <input type="checkbox"/> Other: It is recommended that individuals with T1DM, complex T2DM (e.g. end-stage kidney disease), and those who are pregnant or planning pregnancy or under the age of 18 be referred to an endocrinologist by a primary care provider for more specialized support.	
*Date of Diagnosis: (if applicable)	<input type="checkbox"/> Check this box if insulin being started or is already being used
Home care coordinator information: (if providing diabetes support)	<input type="checkbox"/> Check this box if foot care is required <input type="checkbox"/> Check this box if groups are not suitable
<input type="checkbox"/> <b>Check this box if the person being referred has given permission</b> to the selected diabetes program(s) and/or the central referral service to obtain personal health information from their primary care provider and/or through electronic access points (e.g. OLIS, ConnectingGTA) <u>and</u> provide the primary care provider's contact details below: Providers Name: _____ Phone Number: _____ Fax Number: _____	
Please share <b>anything else</b> you think may be important:	

<b>Step 3: Include Information from Person Completing Referral</b> (Leave this blank if you are referring yourself)	
* Name (first, last):	By completing this referral it is implied that you have obtained the consent of the person to share their personal information with the selected diabetes program(s) through the TCRS.
Relationship to person above (e.g. doctor, counsellor):	
Organization (if applicable):	
*Phone and fax number (if applicable):	
<b>For Diabetes Education Program &amp; Teleophthalmology Program referrals ONLY:</b>	
<b>Include the following information to allow the program(s) to best support the person being referred.</b> <input type="checkbox"/> Check box if unavailable Recent <b>lab results</b> (e.g. A1C, LDL-C &/or ApoB, HDL-C, TG, ACR, eGFR); <b>medication list</b> , past <b>medical history</b> , recent MD/NP/other <b>summary reports</b> and <b>insulin order</b> (to be completed and signed if you are a MD/NP and desire support for insulin start and/or dose adjustment)	
<input type="checkbox"/> Check box if referral is urgent and state reason (e.g. uncontrolled diabetes, hospital visit, crisis)	<b>MD CPSO# &amp; Signature:</b> (if applicable):

[ \* ] indicates information that is required in order to process the referral

## What to Expect After Submitting the Referral:

Once you have faxed or mailed this form to the Toronto Central Referral Service (TCRS), the TCRS will contact you (within 1-2 business days by fax or phone) to confirm that the referral has been received and to let you know which program(s) the referral has been forwarded to. The program(s) will connect directly with the person being referred (and the person who referred them if applicable) from then on. Please call the TCRS at 416-778-0676 x 242 if the person being referred hasn't heard from the program(s) within 3-4 weeks.

## Contact Information for Programs Supported by the TCRS

<b>Diabetes Education Programs (DEP)</b>		
<b>Program Name</b>	<b>Phone Number</b>	<b>Clinical Fax Number</b>
Anishnawbe Health Toronto DEP	416-360-0486	416-365-1083
Bridgepoint Family Health Team DEP	416-470-6690	416-470-6691
Centre Francophone de Toronto CHC DEP	416-922-2672	416-922-2672
Diabetes Education Network of East Toronto (DECNET) - program of South Riverdale CHC	416.461.9042 or 416-461-9043 x 370	416-699-9835
Don Mills DEP (program of Flemingdon Health Centre)	416-429-4991 x 276	416-422-4124
LMC Diabetes & Endocrinology Centres (Bayview site)	416-645-2929	416-645-2930
Mid-Toronto Diabetes Program - program of Anne Johnston Health Station	416-486-8666	416-486-8660
Mount Sinai Academic FHT DEP	416-586-4800 x 5160	416-586-3175
Parkdale CHC DEP	416-537-0275 x 236	416-537-3526
Queen West/Central Toronto CHC DEP	416-703-8480	416-703-8479
Regent Park CHC DEP	416-603-0336	416-603-8068
Sherbourne Health Centre DEP	416-324-4180	416-324-4181
SUNDEC - program of Sunnybrook Academic FHT	416-480-4805	416-480-4283
Taddle Creek FHT DEP	416-204-1256	416-204-1712
Unison Health and Community Services DEP	416-787-1661 x 3301	416-787-3761
West Toronto DEP (WTDEP) - program of LAMP CHC	416-252-1928	416-252-9141
Women's Health in Women's Hands CHC DEP	416-593-7655	416-848-6265

<b>Diabetes Prevention Programs (DPP)</b>		
<b>Program Name</b>	<b>Phone Number</b>	<b>Clinical Fax Number</b>
Anishnawbe Health Toronto DPP	416-360-0486	416-365-1083
South Asian DPP (SADPP) – program of Flemingdon Health Centre	416-429-4991 x 217 or 416-803-2813	416-429-9731
Diabetes Prevention Program - program of Unison Health and Community Services	416-787-1661 x 3235	416-787-3761

<b>Other Programs</b>		
<b>Program Name</b>	<b>Phone Number</b>	<b>Clinical Fax Number</b>
Choose Health Self-Management Program	416-572-3767 x 2	Not applicable
Diabetes Eye Screening (Teleophthalmology Program)	416-461-2493 x 276	416-461-8245

**For more detailed program information please visit [www.TorontoDiabetesReferral.com](http://www.TorontoDiabetesReferral.com)**

CHC – Community Health Centre

FHT – Family Health Team

DEP – Diabetes Education Program

DPP – Diabetes Prevention Program (funded by the TC LHIN)