



Toronto Central Referral Service Confidential Referral

For adults 18 years of age or older – OHIP is not required

Referrals can be made online at www.TorontoDiabetesReferral.com, by phone at 416-778-0676 x 242, by fax at 416-778-1305, or by mail at 955 Queen St. E., Toronto, ON., M4M 3P3

*Program Type – Check box beside all programs that you would like to be connected to (check all that apply)	
<input type="checkbox"/> Diabetes Education Program: individual and group support for adults living with type 2 diabetes, prediabetes or at high risk of diabetes (led by healthcare providers) Desired focus: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Chinese <input type="checkbox"/> Close to home <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"/> I don't know <input type="checkbox"/> Other: *Type of diabetes: <input type="checkbox"/> Type 2 diabetes <input type="checkbox"/> Prediabetes <input type="checkbox"/> High risk of diabetes <input type="checkbox"/> Other: Specialized support for: <input type="checkbox"/> Insulin start <input type="checkbox"/> Insulin support/adjustment (Insulin order form) <input type="checkbox"/> Non-insulin injectable start <input type="checkbox"/> Foot care <input type="checkbox"/> History of gestational diabetes <i>Endocrinology referral is recommended for those pregnant/planning pregnancy; with type 1 diabetes; and under 18 years</i>	
<input type="checkbox"/> Diabetes Eye Screening Program (Teleophthalmology): eye screening for adults living with type 2 diabetes who have not had a diabetes eye screening within the past year	
<input type="checkbox"/> Diabetes Prevention Program: group programs for adults at risk of type 2 diabetes (led by healthcare providers) *Desired focus: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Caribbean <input type="checkbox"/> East African <input type="checkbox"/> Latin American <input type="checkbox"/> South Asian <input type="checkbox"/> I don't know <input type="checkbox"/> Other:	
<input type="checkbox"/> Self-Management Program: 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 specific program, day/time, or location (other than near the address below) is preferred provide details below:	

*Personal Information – Provide Information about the person being connected	
*First name:	*Last name:
*Date of Birth: (mm/dd/yyyy)	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other:
*Address: (with postal code) <input type="checkbox"/> No fixed address	*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	Preferred time for phone call:
Rate the ability to speak and understand English: <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Not very good <input type="checkbox"/> Not at all What language is the person most comfortable using?	
If receiving diabetes homecare, provide care coordinator details:	
Check box if: <input type="checkbox"/> No family doctor/nurse practitioner <input type="checkbox"/> Groups are <u>not</u> suitable <input type="checkbox"/> Unable to leave home/homebound Additional information:	

Permission to Access Personal Health Information – Complete this ONLY if the person is giving their permission		
<input type="checkbox"/> Check box to show that the person being referred has given their permission to the central referral service and the selected diabetes programs to get their diabetes-related health information from their family doctor/nurse practitioner and/or their electronic labs and medical records.		
Doctor/nurse practitioner: <input type="checkbox"/> See below	Phone:	Fax:

*Referral Source Information - Provide all available information to support high quality care	
<input type="checkbox"/> Check box if referral is urgent and state reason (e.g. crisis, ER visit):	
*For Diabetes Education and Eye Screening Referrals attach the following: medication list; medical history; specialist letters; insulin order (if applicable, download from website); and recent lab results (e.g. A1C, LDL-C, HDL, TG, ACR, eGFR) <input type="checkbox"/> Check box if this information is not available to you	
*First name:	*Last name:
*Phone:	*Clinical Fax (if applicable):
Position & Organization:	
*MD/NP Signature (if applicable):	CPSO# (if applicable):

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 diabetes program(s) for the purpose of connecting to diabetes-related care.

***This information must be provided in order to be connected to a program**

Last revised: March 2021

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 242**

Programs Supported by the TCRS

Diabetes Education Programs (DEP)	Phone Number	Clinical Fax Number
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	416-922-4254
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 (Fairview site in brackets)	416-429-4991 x 276 (416-640-5298 x 216)	416-422-4124 (416-642-2238)
LMC Diabetes & Endocrinology Centres (Mid-Toronto site)	416-645-2929	416-645-2930
Mid-Toronto Diabetes Program - program of Vibrant Healthcare Alliance	416-486-8666	416-486-8660
Mount Sinai Academic FHT DEP	416-586-4800 x 5160	416-586-3175
Parkdale Queen West CHC DEP (Parkdale Site)	416-537-0275 x 236	416-537-3526
Parkdale Queen West CHC DEP (Queen West Site)	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 – 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
Diabetes Prevention Programs (DPP)	Phone Number	Clinical Fax Number
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
Unison Health and Community Services DPP	416-787-1661 x 3235	416-787-3761
Other Programs	Phone Number	Clinical Fax Number
Choose Health Self-Management Program – program of South Riverdale CHC	416-572-3767 x 2	Not applicable
Diabetes Eye Screening Program (Teleophthalmology) – program of South Riverdale CHC	416-461-2493 x 276	416-461-8245

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

Table last updated: December 2018

More information is available at www.TorontoDiabetesReferral.com