



fraserhealth

# OUTPATIENT DIABETES HEALTH CENTRE REFERRAL

Primary Health Care/Chronic Disease Management



Form ID: PMDC100884I

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**Patient Information:**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Init. \_\_\_\_\_  
 M  F  PHN #: \_\_\_\_\_ DOB: \_\_\_\_\_ (dd/mm/yyyy)  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: (home) \_\_\_\_\_ (other) \_\_\_\_\_  
 Insurance: MSP  WCB  Self-Pay  Out-of-Province/Non-Resident   
 Primary Language? \_\_\_\_\_ Is a family member assisting? Yes  No

**IMPORTANT:**

**PLEASE ENSURE ONE OF  
THE FOLLOWING HAS BEEN  
ORDERED WITHIN THE LAST  
3 MONTHS**

- FBS  
 OGTT  
 HgA1c

**Reason for Referral:**

- Pre-Diabetes: date of diagnosis \_\_\_\_\_  
 Type 1 Diabetes: date of diagnosis \_\_\_\_\_  
 Type 2 Diabetes: date of diagnosis \_\_\_\_\_  
 Post Hospitalization Education: (specifics) \_\_\_\_\_  
 Insulin Initiation (requires a filled prescription to be brought to the centre for teaching appointment date)  
 Starting Type, Brand & Dose of insulin: \_\_\_\_\_  
 Gestational Diabetes: date of diagnosis: \_\_\_\_\_ EDC: \_\_\_\_\_  
 Refer to Internal Medicine Physician (ARH only)  
 \*For pre-existing diabetes or if insulin therapy is anticipated to manage gestational diabetes, please refer to FH  
 Maternal-Infant-Child and Youth (MICY) directly (see contacts over)

**Current Therapies: (select those that apply at time of referral)**

- lifestyle modification       anti-diabetes medication       stress reduction  
 basal insulin (only)       basal & bolus insulin       insulin pump  
 other (specifics) \_\_\_\_\_

**Diabetes Medications: (or attach medication list)****Other Medications:**

_____	_____
_____	_____
_____	_____

**Relevant Medical History: (select those that apply at time of referral)**

- heart disease       foot issues/loss of protective sensation       mental health concerns  
 hypertension       eye disease/retinopathy       respiratory/COPD  
 dyslipidemia       gastrointestinal issues       kidney disease

**Family Physician Information:****Specialist/Consulting Professional Information:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Designation: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature of Referring Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

See back of page for Centre locations and contact information,  
or visit our website @ [www.fraserhealth.ca](http://www.fraserhealth.ca)

**Fraser Health Diabetes Health Centres**

**Abbotsford Diabetes Health Centre**  
Abbotsford Regional Hospital  
32900 Marshall Road, Abbotsford  
Shared Clinic, Sumas 1st Floor  
Phone: (604) 851-4700 ext 646238  
Fax: (604) 851-4774

**Langley Diabetes Health Centre**  
101-20651 56th Ave, Langley  
Phone: 604-539-4391  
Fax: 604-532-7048

**Burnaby Diabetes Health Centre**  
Burnaby Hospital  
3936 Kincaid Street, Burnaby  
Phone: (604) 412-6139  
Fax: (604) 412-6233

**Mission Diabetes Health Centre (Satellite)**  
Mission Community Health Centre  
7298 Hurd Street, Mission  
Phone: (604) 814-5145  
Fax: (604) 814-5518

**Chilliwack Diabetes Health Centre**  
Chilliwack General Hospital  
45600 Menholm Road, Chilliwack  
Phone: (604) 702-4766  
Fax: (604) 702-2880

**New Westminster Diabetes Health Centre**  
234 Ross Drive, New Westminster  
Phone: (604) 523-8800  
Fax: (604) 523-8801

**Chilliwack Diabetes Health Centre (Satellite)**  
Fraser Canyon Hospital  
1275 - 7th Avenue, Hope  
Phone: (604) 702-4766  
Fax: (604) 702-2880

**Ridge Meadows Diabetes Health Centre**  
Ridge Meadows Public Health Unit  
400 - 22470 Dewdney Trunk Road, Maple Ridge  
Phone: (604) 476-7056  
Fax: (604) 476-7077

**Delta Diabetes Health Centre**  
#1826 4949 Canoe Pass Way  
Delta, BC V4M 0B2  
Phone: (604) 952-3558  
Fax: (604) 940-8944

**Tri-Cities Diabetes Health Centre**  
602 - 205 Newport Drive, Port Moody  
Phone: (604) 949-7771  
Fax: (604) 949-7772

**Jim Pattison Diabetes Health Centre**  
Jim Pattison Outpatient Centre (Surrey)  
9750 140 Street, Surrey  
Phone: (604) 582-4583  
Fax: (604) 582-4590

**White Rock Diabetes Health Centre**  
15455 Vine Avenue, White Rock  
Phone: (604) 541-7162  
Fax: (604) 538-9809

**\*\*Please note that the South Asian Diabetes Services are now integrated in Jim Pattison Diabetes Health Centre**

----- \*FH Maternal-Infant-Child and Youth (MICY) Programs for Diabetes & Pregnancy -----

Jim Pattison Diabetes & Pregnancy Program  
Phone: (604) 582-4558  
Fax: (604) 582-3775

Royal Columbian Diabetes & Pregnancy Program  
Phone: (604) 520-4473  
Fax: (604) 520-1132

Abbotsford Diabetes & Pregnancy Program  
Phone: (604) 851-4700 ext 646348  
Fax: (604) 851-4813

Burnaby Hospital and Diabetes Pregnancy  
c/o Maternity Outpatient Clinic  
Phone (604) 434-4211 Ext 533361  
Fax: (604) 412-6466