



fraserhealth

OUTPATIENT DIABETES HEALTH CENTRE REFERRAL

Primary Health Care/Chronic Disease Management



Form ID: PMDC100884J

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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

OUTPATIENT DIABETES HEALTH CENTRE REFERRAL

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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 and Outpatient Nutrition Centre

Suite 404-6400 Roberts 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) 476-7084

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) 412-6646