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# OUTPATIENT DIABETES HEALTH CENTRE REFERRAL Primary Health Care/Chronic Disease Management

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Detter the former them		
Patient Information:		
Name: Last	First Middle Init	PLEASE ENSURE ONE OF THE FOLLOWING HAS BEEN
M 🗆 F 🖵 PHN #	DOB:(d/m/y	ORDERED WITHIN THE LAST
	Postal Code:	
	(other)	□ FBS
Insurance: MSP 🗆 WCB 🗖	Self-Pay D Out-of-Province/Non-Resider	
Primary Language?	Is a family member assisting? Yes ם N	
Reason for Referral:		
Pre-Diabetes: date of dia	gnosis	
	diagnosis	
	diagnosis	
	ation: (specifics)	
	a filled prescription to be brought to the centron ose of insulin:	
Gestational Diabetes: da	te of diagnosis	EDC:
	or if insulin therapy is anticipated to manage	
	Youth (MICY) directly (see contacts over)	а, р, р, р
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 attac	ch medication list) Other	Medications:
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Diabetes Medications: (or attac	ch medication list) Other	Medications:
		Medications:
Relevant Medical History: (sele	ct those that apply at time of referral)	
Relevant Medical History: (sele	ct those that apply at time of referral)         I foot issues/loss of protective sensation	mental health concerns
Relevant Medical History: (sele	ct those that apply at time of referral)         □ foot issues/loss of protective sensation         □ eye disease/retinopathy         □ gastrointestinal issues	<ul> <li>mental health concerns</li> <li>respiratory/COPD</li> </ul>
Relevant Medical History: (sele heart disease hypertension dyslipidemia	ct those that apply at time of referral)         □ foot issues/loss of protective sensation         □ eye disease/retinopathy         □ gastrointestinal issues         Specialist/Consulting	<ul> <li>mental health concerns</li> <li>respiratory/COPD</li> <li>kidney disease</li> </ul>

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 Cont'd

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# Fraser Health Diabetes Health Centres

## Abbotsford Diabetes Health Centre

Abbotsford Regional Hospital 32900 Marshall Road, Abbotsford Phone: (604) 851-4700 ext 646238 Fax: (604) 851-4782

#### **Burnaby Diabetes Health Centre**

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

#### **Chilliwack Diabetes Health Centre**

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

#### Chilliwack Diabetes Health Centre (Satellite)

Fraser Canyon Hospital 1275 - 7th Avenue, Hope Phone: (604) 702-4766 Fax: (604) 702-2880

#### **Delta Diabetes Health Centre**

Delta Hospital 5800 Mountainview Blvd, Delta Phone: (604) 946-1121 ext 783278 Fax: (604) 952-7352

#### **Jim Pattison Diabetes Health Centre**

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

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

#### Langley Diabetes Health Centre

Langley Memorial Hospital 22051 Fraser Hwy, Langley Phone: (604) 534-4121 ext. 745429 Fax: (604) 533-6449

## **Mission Diabetes Health Centre (Satellite)**

Mission Community Health Centre 7298 Hurd Street, Mission Phone: (604) 814-5145 Fax: (604) 851-4782

#### **New Westminster Diabetes Health Centre**

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

#### **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

#### **Tri-Cities Diabetes Health Centre**

602 - 205 Newport Drive, Port Moody Phone: (604) 949-7771 Fax: (604) 949-7772

## White Rock Diabetes Health Centre

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

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

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

Abbotsford Diabetes & Pregnancy Program Phone: (604) 851-4700 ext 646348 Fax: (604) 851-4813 Royal Columbian Diabetes & Pregnancy Program Phone: (604) 520-4473 Fax: (604) 520-1132