



Adult (18 and over) Diabetes Management Centre – HCP Referral Form

490 Huronia Road Barrie, Ontario L4N 6M2

Phone: (705) 734-9690 ext 283 Fax: (705) 719-4877

Patient Information:

Last Name: _____ First Name: _____

Date of Birth: _____ Health Card #: _____ VC: _____

Address: _____ City/Town: _____ Postal Code: _____

Telephone: H: _____ W: _____ Cell: _____

***** Please attach most recent diabetes, lipid and renal labs *****

New Diagnosis: No Yes

Reason for Referral: Metabolic syndrome Pre-diabetes Type 2 Type 1

Gestational Insulin Pump Insulin or GLP-1 Initiation

If referral to Dr. Zatelny, BAsC, MD, FRCP (C) or Dr. Murzin MD, FRCP (C) is requested, please complete the following TWO sections:

1. Criteria for referral. Check one reason listed below:

- Uncontrolled diabetes (BG>20mmol/L) Severe Hypoglycemia
- Pregnancy with pre-existing Diabetes Gestational Diabetes
- Recent treatment of DKA or HHS A crisis that affects patient's ability to manage DM
- Other: _____

2. Urgent for Dr Zatelny/Dr. Murzin Non-Urgent for Dr Zatelny/Dr.Murzin

Medical History (check all that apply):

- Family history of diabetes CVD Neuropathy Gestational diabetes
- Hypertension Smoker Dyslipidemia Overweight/Obesity
- Kidney damage Mental Health: *please list:* _____
- Other: _____

Medications (or please attach list):

Allergies: _____

Please check if you wish the DMC to provide the below services:

- Certified Diabetes Educator may adjust current insulin regime as per medical directive signed by Endocrinologist, Dr Diane Zatelny BAsC, MD, FRCP (C)/Dr. Murzin MD, FRCP (C)
- Approve that the Certified Diabetes Educator may provide insulin samples to your patient through our compassionate program, for short term assistance to patients who are unable to purchase their insulin.

Signature: _____ Date: _____