

Patient Profile:

PDF of form at <https://vch.eduhealth.ca/en/permalink/phem1890>

Referring Practitioner Information/Stamp:

Surname

Given Name

PHN

DOB (d/m/y)

Gender

Mailing Address

Primary Phone #

Secondary Phone #

Email Required

(MSP#, name, address, phone, fax)

Special Considerations for Triage:

- ☐ Hearing Impairment ☐ Mental Health ☐ Mobility Limitations ☐ **NOT** suitable for group education
☐ Vision Impairment ☐ Low Income ☐ Cognitive Impairment ☐ **Interpreter Required, Language** _____

Main Reason for Referral:

Medical History:

Medications:

Diabetes Education and Management

Required: Recent Labs FPG and/or A1C, Lipid Panel, ACR (if available: GTT); Endocrinology Consults (if available)

Date of Diagnosis: _____

Diabetes Type: ☐ Type 1 ☐ Type 2 ☐ Prediabetes ☐ Gestational Diabetes & Expected Due Date: _____

☐ Insulin Start Rx: _____

☐ Diabetes Nutrition Concerns: _____

☐ **Diabetes Foot Care** For diabetes foot health education, short term nail/callus care, and education on wound prevention; NOT wound care. (For wound care refer to North Shore Home & Community Care). See reverse side for more program details.

Nutritional Counselling (NOT related to diabetes management)

- | | |
|---|---|
| <input type="checkbox"/> Cancer associated with poor intake | <input type="checkbox"/> Heart Health (high cholesterol, hypertension, fatty liver) |
| <input type="checkbox"/> Celiac Disease | <input type="checkbox"/> Malnutrition/Low Weight/Unintentional Weight Loss |
| <input type="checkbox"/> Chronic Kidney Disease with high potassium | <input type="checkbox"/> Irritable Bowel Syndrome |
| <input type="checkbox"/> Diverticular Disease or Inflammatory Bowel Disease | <input type="checkbox"/> Pancreatitis or Liver Disease |
| <input type="checkbox"/> *Pediatric Feeding Difficulties/Selective Eating | <input type="checkbox"/> Other: _____ |

***Required:** For pediatric patients include Growth charts & Pediatrician Consults

Respiratory Education and Management

☐ Pulmonary Rehabilitation (BREATH Program)

Required: Medical history (within 1 yr), - Pulmonary Function (within 3 yrs), ECG (within 6 mths), Chest CT or X-ray (within 1 yr)

☐ Respiratory Education:

☐ COPD ☐ Asthma ☐ ILD ☐ Other: _____

Chronic Disease Management for Patients with Complex Health Needs

☐ **Chronic Disease Management Nurse** Offers guideline-based chronic disease management for patients with two or more chronic conditions. Referral must come from a North Shore Primary Care Practitioner.

Required: Please sign provider acknowledgement of permission on reverse side

North Shore Chronic Disease Services Program Descriptions

Diabetes Education and Management

PREDIABETES AND DIABETES GROUP EDUCATION – Series of education classes and/or individual appointments in self-management. Team may include a Registered nurse and/or Registered Dietitian.

DIABETES IN PREGNANCY/GESTATIONAL DIABETES CLINIC – For pregnant women who have type 1, type 2 or gestational diabetes; includes group education and individual appointments with Registered Nurse, Registered Dietitian and Endocrinologist as required.

PEDIATRIC/YOUNG ADULT DIABETES CLINICS – Multi-disciplinary team may include a Registered Nurse, Registered Dietitian, and Pediatric Endocrinologist.

DIABETES FOOT CARE – Assessment and education for diabetes foot care from a Registered Nurse and Occupational Therapist with a special focus on prevention of wounds, foot ulcers and lower extremity amputations; this program is **NOT wound care. For wound dressings and pressure offloading, please refer to North Shore Home and Community Care.** Our Foot Care Nurse can provide nail and callus care for clients who are already receiving treatment for wound(s); please just remind clients to cover wound(s) with a dressing for their visit(s) with our foot care team.

Nutritional Counselling

Offers group education or individual appointments with a Registered Dietitian for patients of all ages and types of diets. Registered Dietitian will triage into appropriate program.

Respiratory Education and Management

PULMONARY REHABILITATION (BREATH PROGRAM) – This is an 8-week program of exercise, education and social support for clients with chronic lung conditions. The team includes a Respiratory Therapist/Certified Respiratory Educator, Physiotherapist and Respiriologist.

RESPIRATORY EDUCATION – For adults with **Asthma, COPD** and **IDL**. Program teaches the basics of respiratory pathophysiology and provides self-management strategies. Can provide smoking cessation counselling to prevent disease from developing or worsening, as required. Also provides instruction on how to recognize and manage a flare up with an individually tailored action plan. One on one education session with follow up.

Chronic Disease Management for Patients with Complex Health Needs

When referring to Chronic Disease Management Nurse: Acknowledgement of Permission

Thank you for referring your patient to our *Chronic Disease Management Nurse*. Our Nurses work closely with you, your patient, and their family so they can better manage their condition(s), and work towards healthy targets.

We request your permission for the Nurse to order under your MSP billing number any missing or overdue blood work and diagnostics (i.e., ECG, baseline PFT, etc.) required for guideline-based care.

Please sign below to acknowledge your agreement. This agreement will remain valid for the duration of your patient's enrollment in this program, unless you formally request that this consent is withdrawn.

Signature: _____ Date: _____
(Provider)

☐ **I DO NOT agree to have the Chronic Disease Nurse order blood work and diagnostics under my MSP billing number.**

IMPORTANT REMINDER:

**PLEASE ATTACH ALL REQUIRED INFORMATION TO THE REFERRAL.
FAILING TO DO SO COULD DELAY PROCESSING.**