



# COMPASS COMMUNITY HEALTH

438 Hughson Street North  
Hamilton, ON L8L 4N5  
Charitable Number: 10392 9162 RR0001

## Diabetes Education Program Referral

Phone: 905-523-0090

Fax: 905-667-8859

\*For your convenience, referral can also be made via OCEANS\*

Robin Bernardi – RN, CDE – Program Coordinator  
Adriana Waxman – RN, CDE  
Awesta Tokhai – RN, CDE

Cory Ma – RD, CDE  
Jennifer Desrosiers – RD, CDE  
Janie Bowles-Jordan – Reg. Pharm, CDE

Name: \_\_\_\_\_

Preferred Contact #: \_\_\_\_\_

Health Card: \_\_\_\_\_

Alternate Contact #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Is translation required? YES  NO

\_\_\_\_\_

Language: \_\_\_\_\_

\_\_\_\_\_

Type 2 Diabetes

Prediabetes

Medications:

Insulin: \_\_\_\_\_

Oral Hyperglycemic Agents: \_\_\_\_\_

GLP-1

GIP/GLP-1

Insulin Order (if referring for insulin initiation): \_\_\_\_\_

Please include/attach lab data:

- A1C \_\_\_\_\_
- eGFR \_\_\_\_\_
- Creatinine \_\_\_\_\_
- Lipid panel \_\_\_\_\_
- ACR \_\_\_\_\_
- CBC \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Referred by: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_

Date: \_\_\_\_\_