



FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

Diabetes Integration Project Referral Form

DATE OF REFERRAL (DD/MM/YYYY)

____ / ____ / ____

DATE REFERRAL RECEIVED: (OFFICE USE ONLY)

____ / ____ / ____

CLIENT INFORMATION

Is Client Aware of Referral? YES NO

Surname

Given Name

Middle Name

Home/Message Phone No.

Mailing Address (Street / Box No.)

City/Town

Province

Postal Code

Work Phone No.

First Nation Community

10 digit Treaty No.

MHSC No.

Gender

Male

Female

Date of Birth (dd/mm/yyyy)

Age

PHIN NO.

CLIENT'S PHYSICIAN

CLINIC

PHYSICIAN'S PHONE NO.

REASON FOR REFERRAL

Newly Diagnosed

Risk Factor Assessment

Insulin Start

Complication Assessment

Update Knowledge

Insulin Adjustment

Other

Date or Year Client was Diagnosed with Type 2 Diabetes

____ DD/MM/YYYY

RESULTS

Fasting Blood Sugar

Glycated Hemoglobin

Albumin:Creatinine Ratio

Date

Cholesterol

HDL-C

LDL-C

Triglycerides

Date

Blood Pressure

Date

Complications:

Neuropathy

Nephropathy

Peripheral Vascular Disease

Foot Problems

Sexual Dysfunction

Retinopathy

Hypertension

Cardiovascular Disease

Other

List Medication Dosage & Frequency

Signature & Title of Person Referring

Organization/Clinic

Phone No.

First Nation Communities Receiving DIP Services Include: Ebb & Flow, Gambler, Keeseekoowenin, O-Chi-Chak-Ko-Sipi (Crane River, Pine Creek, Rolling River, Skownan, and Tootinaowasiibeeng (Valley River)

Send Referral To:

FNHSSM Diabetes Integration Project, Suite 600 - 275 Portage Avenue, Winnipeg, MB R3B 2B3

Phone: (204) 956-7174 Fax: (204) 946-9761