



## REGIONAL CHRONIC DISEASE EDUCATION TEAM and COMMUNITY DIETITIAN REFERRAL

- To allow us to provide the best and most timely care, please complete this form in as much detail as possible.
- Select Community/Site of Service Delivery from drop down list (for Accuro users) and/or see **Page 2** for complete listing of Regional Chronic Disease Education Team & Community Dietitian fax number(s)

<b>Client Information:</b> Male                  Female	
Name: _____	
Tel: (H) _____ (W) _____	
Cell: _____	
Mailing Address: _____ _____	
D.O.B. (m/d/y): _____	
MHSC#: _____	
PHIN#: _____	
Weight _____ Height _____	
Name of Guardian/Caregiver: _____	
_____ Tel: _____	

<b>Referral Source:</b>
Date of Referral: _____
Name: _____
Relationship to Client _____
_____
Primary Care Provider: _____
_____
Clinic: _____
Address: _____
_____
Tel: _____ Fax: _____

**REASON FOR REFERRAL:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*Attach medical history and pertinent labs**

**\* Complete box below if wanting insulin started or adjusted (signature required below to proceed)**

Name of Insulin	Route	Dosage	Time	Frequency	Certified Diabetes Educator (CDE) to adjust (Yes or No)

**Prescriber Signature:** \_\_\_\_\_

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

**MEDICATION AND DOSAGES: (list below or attach)** \_\_\_\_\_  
 \_\_\_\_\_

**Special Considerations:**

Vision Impairment      Hearing Impairment      Language \_\_\_\_\_      Need Translation Services      Yes      No  
 Physical or Cognitive Limitations: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Signature of Person Referring:** \_\_\_\_\_

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

Regional Chronic Disease Education/Community Dietitian Office Use Only:  
 Date Referral Received: \_\_\_\_\_ Date Referral Booked: \_\_\_\_\_

## REGIONAL CHRONIC DISEASE EDUCATION TEAM and COMMUNITY DIETITIAN REFERRAL TELEPHONE/FAX NUMBERS

Community/Site of Service Delivery	Telephone	Fax
<b>Altona</b> (Altona Health Care)	1-204-324-6411 ext 2422	1-204-324-1299
<b>Carman</b> (Carman Memorial Hospital)	1-204-745-2021	1-204-745-2756
<b>Crystal City</b> (Rock Lake Health District Hospital)	1-204-873-2132	1-204-873-2185
<b>Emerson</b> (Emerson Health Centre)	1-204-373-2109	1-204-373-2748
<b>Gladstone</b> (Gladstone Health Centre)	1-204-385-2968 ext:2247	1-204-385-3387
<b>MacGregor</b> (MacGregor Health Centre)	1-204-685-2850 ext 2230	1-204-685-2529
<b>Manitou</b> (Pembina Manitou Health Centre)	1-204-242-2744	1-204-331-8801
<b>Morden/Winkler</b> (Boundary Trails Health Centre)	1-204-331-8841	1-204-331-8831
<b>Morris</b> (Morris General Hospital)	1-204-746-7347	1-204-746-2197
<b>Niverville</b> (Niverville Primary Health Care Centre)	1-204-320-2475	1-204-326-7665
<b>Notre Dame</b> (Clinique Notre Dame Clinic)	1-204-248-2092 ext 260	1-204-248-2299
<b>Portage</b> (Community Health Services – Portage Clinic)	1-204-856-2041	1-204-856-2045
<b>Sandy Bay</b> (Sandy Bay Health Centre)	1-204-385-2968 ext:2247	1-204-385-2663
<b>Somerset</b> (Somerset Place)	1-204-744-2265	1-204-744-2511
<b>Sprague</b> (East Borderland Primary Health Care Centre)	1-204-320-2475	1-204-326-7665
<b>St. Claude</b> (Centre de santé St. Claude Health Centre)	1-204-379-2585	1-204-248-2299
<b>St. Malo</b> (Chalet Maloin)	1-204-320-2475	1-204-326-7665
<b>St. Pierre</b> (De Salaberry District Health Centre)	1-204-320-2475	1-204-326-7665
<b>Ste. Anne</b> (Community Health Services – Ste. Anne)	1-204-320-2475	1-204-326-7665
<b>Steinbach</b> (Community Health Services – Steinbach/QuickCare Clinic)	1-204-320-2475	1-204-326-7665
<b>Swan Lake</b> (Lorne Memorial Hospital)	1-204-836-2132	1-204-836-2587
<b>Vita</b> (Vita & District Health Centre)	1-204-320-2475	1-204-326-7665