



Main Office: 33 rue Marion Street Winnipeg, MB R2H 0S8
Tel/Tél: (204) 233-0262
Fax/Télé: (204) 233-1520
Website: www.youville.ca

Thank you for making a referral to Youville Diabetes Centre for Diabetes self management education (DSMES). Your patients are important to us, and we want to ensure that they receive the appropriate care in a timely manner. Please review the following guidelines to make this process both efficient and effective.

The purpose of DSMES is to give people living with diabetes the knowledge, skills, and confidence to accept responsibility for their self-management. This includes collaborating with their health care team, making informed decisions, solving problems, system navigation, advocacy, developing personal goals and action plans, and coping with emotions and life stresses. This service will be provided by Certified Diabetes Educators

Certified Diabetes Educator (CDE): is a health professional committed to excellence in diabetes education who has a sound knowledge base in diabetes care/management and education and who has successfully completed the Canadian Diabetes Educator Certification Board (CDECB) exam and maintains current status.

Our team at YDC consists of Certified DM Nurse and Dietitian educators, Counsellors, and Social Workers. We do not have a physician on site as a part of our program, therefore we are limited in the amount of medical management we can provide.

As an organization, we prioritize Indigenous peoples, newcomers, and people who experience systemic barriers (2SLGBTQIA*, visible minorities).

Referral criteria:

<ul style="list-style-type: none">• Adult over the age of 18• Pre-diabetes• Gestational DM• DM 1	<p>DM 2</p> <ul style="list-style-type: none">•HbA1c less than 10% and/or•Duration of diagnosis less than 10 years
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Please fax referral form to 204-233-1520

Referrals will be declined if incomplete

Client information:

Last Name: _____
Name: _____
Address: _____

Postal Code: _____
Tel: (H) _____ (W) _____
(C) _____

Physician/NP/PCP Name: _____
Address: _____

Postal Code: _____
Telephone: _____
Fax : _____

D.O.B: (d/m/y) _____ / _____ / _____
Email: _____
MH No: _____
PHIN: _____

Is client followed by Endocrinology: Yes No
Dr. _____

Preferred Language: _____ Interpreter Required: Yes No

As an organization, we prioritize Indigenous peoples, newcomers, and people who experience systemic barriers (2SLGBTQIA*, visible minorities) does your patient fit these criteria

Yes No

Services requested (Must complete): Pre-diabetes Education Type 1 Education
 Type 2 Education Gestational Diabetes Education: EDC _____ / _____ / _____

Duration of Diabetes: _____

Please attach labs (including A1C, cholesterol profile and renal function from the last 6 months).

Current diabetes treatment: Please attach a list with all medications and dosages

Lifestyle Oral agent(s) Insulin Injectable therapies
 Insulin pump (Rates: _____)

Additional considerations:

- Hypertension Neuropathy Recent hospitalization Recent DKA (within 1 year)
- PVD Nephropathy Recent ER or UC visit Foot Health Concern
- CVD Retinopathy Hypoglycemia unawareness
- Cancer Gastroparesis

Additional information: _____

I have explained this referral and client is agreeable and aware of the diagnosis and disclosures on this referral.

Physician/NP/PCP Signature: _____ Date: _____