Ontario Health atHome

356 Oxford Street West London, ON N6H 1T3
Telephone: 1-800-811-5146
Fax: 519-657-4578 / 1-844-800-4578

Type I Diabetes Request and Treatment Order

Patient Information

Patient Surname		Patient First Name
Guardian/Contact Name		Guardian/Contact Telephone Number
Patient Home Address		
City		Postal Code
Health Card Number (HCN)	Version Code	Date of Birth (YYYY-Month-DD)
Name of School		

Referral Details

Diagnosis	Planned Treatment Start Date (YYYY-Month-DD)	Is client aware of referral?
Type 1 Diabetes Mellitus		◯ No ◯ Yes

Reason for Referral

Child requires school support with: ☐ insulin administration ☐ blood glucose monitoring

Timing

Referrer Details

Referrer Name and Designation	CNO/College of Dietitians Registration
Direct Telephone Number	Fax Number

X _____ _____

Referrer Signature | Date Signed (YYYY-Month-DD)

Important Information

Child and family to return to Children's Hospital LHSC for ongoing diabetes education and support.
If questions or concerns, please contact the appropriate Diabetes team member at **(519) 685–8500.**

Physician Details

Physician Name and Designation	Orders
CPSO/ Registration	
Direct Telephone Number	
Fax Number	
Physician Signature	
X	
Date Signed (YYYY-Month-DD)	

Physician Signature for orders is required under Regulated Health Professional Act.

Note: Family is able to self-adjust insulin by 20% as per physician's order. Please discuss site rotation plan with caregivers.