

## REFERRAL FORM

### Telephone-Based Education and Self-Management Support for Adults with Diabetes and/or Heart Failure in Manitoba

Please complete all fields on the referral form and **fax to 204-779-5645**

Referral for:

- PRE-DIABETES**
- TYPE 2 DIABETES** (Diagnosed with Type 2 Diabetes and not pregnant)
- HEART FAILURE** (Diagnosis of heart failure)
- HEART FAILURE** (Hospital Discharge Follow-up)

#### **Client Demographic Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M \_\_\_ F \_\_\_  
Date of Birth: (day/mo/yr.) \_\_\_\_\_ P.H.I.N. \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Numbers: Home \_\_\_\_\_ Other \_\_\_\_\_

**Client Consent for Private Phone Messages:** Client signature or provider acknowledgement of having obtained client consent for TeleCARE TéléSOINS Manitoba staff to leave a message on the phone numbers provided stating staff name, program name with phone number and that call is in response to a medical referral.

**Provider Acknowledgement of Informed Consent for Phone Messages** \_\_\_\_\_  
**Client Signature** \_\_\_\_\_

#### **Referring Information:**

**Date of Referral:** \_\_\_\_\_

Referred by: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
PCP Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
PCP Address: \_\_\_\_\_ Fax: \_\_\_\_\_

#### **Medical History and Medications:**

- Please attach relevant medical history
- Please attach Medication List or Discharge Medication Reconciliation if discharged from hospital
- Please attach Action Plan or Medication Orders to manage issues, such as prn medications
- Please attach any specific goals or issues you would like addressed.

**For further program information call 204-788-8688, or toll-free 1-866-204-3737.**

**Referral forms and more information are available at:**

<https://misericordia.mb.ca/programs/phcc/telecare/>