



REFERRAL FORM FAX to 204-779-5645

Chronic Disease Education

* Specialized nurses providing virtual care to Manitobans to support chronic disease management

Client Information:		
Name: Date of Birth: Preferred number to contact: Preferred date and time to call: _	PHIN:	Permission to leave message: □ Yes □ No
Client consents to referral		
<u>Reason for Referral:</u> Prediabetic Other Chronic Disease:	Diabetes	□ Heart Failure
Other Pertinent Information:		

Date of Referral:	
Referral Name and Designation: _	
Phone:	

Dietary consult available via Dial-a-Dietitian

Referral forms and information are available at: https://misericordia.mb.ca/programs/phcc/telecare/ 204-788-8688 or 1-866-204-3737 *Clients can self-refer*