



# Cook's Pharmacy

PROUDLY INDEPENDENT

## Diabetic Referral Form

Date:

Location:

	<b>Waterloo</b>		<b>Kitchener</b>		<b>Cambridge</b>
	520 University Ave W Unit 101, Waterloo P: 519-744-2200 F: <b>519-744-2203</b>		1450 Blockline Rd Unit 201, Kitchener P: 519-742-5600 F: <b>519-742-4262</b>		182 Pinebush Rd Unit 102, Cambridge P: 548-288-4088 F: <b>888-999-4831</b>
Attn:	Poshin Jobanutra	Attn:	Darshak Patel	Attn:	Kyla Christie

### Patient:

Last Name:	First Name:
OHIP:	DOB:
Address:	Phone:

### Reason for Referral

- New Diabetic Education
- Oral diabetic medication review/optimization
- Insulin initiation and follow up: basal or bolus
- Ongoing insulin adjustments
- GLP-1 education and injection technique
- Diet/nutrition counseling
- Other: \_\_\_\_\_
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### Additional Comments:

\*\*\*Please attach CPP and recent blood work

Physician:	Date:
Signature:	CPSO:

**\*\*Please fax referral to desired location and we will contact the patient to book an appointment\*\***