

# Diabetes Active Steps for Health (DASH)

## Referral Form

<b>Client Last Name:</b>		<b>Client First Name:</b>	
<b>PHN/MRN:</b>		<b>Date of Birth:</b>	
<b>Phone Number:</b>		<b>Client aware of referral?</b>	Yes      No
<b>Contact Person (if different from client):</b>		<b>Contact Person's relationship to client:</b>	
<b>Contact Person's Phone Number:</b>		<b>Barriers to Client Treatment or Education:</b>	Finances Transportation No PCP/NP Cognitive Language Literacy

<b>Referral Source:</b>		<b>Referral Date:</b>	
<b>Referral Source Phone Number:</b>		<b>Client's Primary Care Provider:</b>	
<b>Client's Diabetes Status:</b>	Type 1      Type 2	<b>Year of Diagnosis:</b>	
<b>Reason for client referral:</b>			

Program location: Sherwood Business Centre Suite 177, 161 St. Peter's Rd, Charlottetown.  
Please fax completed referrals to: 902-569-0579