St. Thomas Elgin General Hospital
Delivering An Excellent Patient Care Experience

DIABETES EDUCATION SELF-REFERRAL

AFFIX PATIENT LABEL

Referral Date: _____ **Date of Diagnosis:** _____

Last Name: _____ **First Name:** _____

Address: _____ **Postal Code:** _____

Date of Birth: _____ **HC#** _____

Home Phone: _____ **Work/Cell Phone:** _____

Best Phone to reach patient: _____ **Patient Email Address:** _____

Family Physician: _____

Please bring list of medications, glucometer and blood sugar diary. Seeing dietitian, bring 2 day diet history

Identify Need for Education:

- ☐ Pre-diabetes
- ☐ New Insulin Start
- ☐ Type 1 newly diagnosed
- ☐ Type 2 newly diagnosed
- ☐ Gestational
- ☐ New Glucometer teaching
- ☐ Type 1 uncontrolled
- ☐ Type 2 uncontrolled
- ☐ Diet
- ☐ Oral agents
- ☐ Oral agents + Insulin
- ☐ Insulin Type
- ☐ Other

Consent to contact patient's physician requesting most recent lab values. ☐ Yes ☐ No

Patient Signature: _____ **Date:** _____

Lab Values Available

- ☐ Gluc (fast)
- ☐ HbA1c
- ☐ Cholesterol
- ☐ Microalbumin/Creatine

Plan of Care:

- ☐ IGT Class
- ☐ A&B Class
- ☐ Ind RN
- ☐ Ind RD

Patient Concerns: