

# DIABETES EDUCATION CENTRE PROGRAM REFERRAL

Please fax to: 519-637-3220



189 Elm St., St. Thomas, ON N5R 5C4  
519-631-2020 Ext 2408  
Diabetes@stegh.on.ca

## PATIENT DEMOGRAPHICS:

Referral Date: YYYY/MM/DD	Health Card #:	VC:	DOB: YYYY/MM/DD
Legal Name:		Preferred Name:	
Telephone Number:		Alternate Number:	
Street Address:		City:	Postal Code:
Email:		Family Physician/Nurse Practitioner:	
Date of Diagnosis: YYYY/MM/DD		Referring Physician/ Nurse Practitioner:	

## REASON FOR REFERRAL:

<input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Type 2 with A1c >10% <input type="checkbox"/> Type 2 on Insulin with A1c >8% <input type="checkbox"/> Gestational Diabetes	<input type="checkbox"/> Insulin Pump Therapy <input type="checkbox"/> History of, or Recent DKA/HHS <input type="checkbox"/> Steroid Induced Hyperglycemia	<input type="checkbox"/> Change in Treatment Regimen, From Oral Agent to Insulin: Name of Insulin: _____ Starting Dose: _____ Frequency: _____
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## Current Diabetes Treatment: Check all that apply

Oral Agent(s) \_\_\_\_\_  
 Insulin \_\_\_\_\_  
 GLP1ra \_\_\_\_\_  
 Insulin Pump \_\_\_\_\_

	DATE	RESULT
HbA1c		%
Creatinine		umol/L
Microalbumin Creatinine Ratio		mg/mmol
eGFR		mmol/L
Triglycerides		mmol/L
HDL		mmol/L
LDL		mmol/L
Cholesterol/HDL Ratio		mmol/L

## Existing Barriers:

Visual                       Cognitive  
 Hearing                         Financial  
 Physical                       Language \_\_\_\_\_  
 Transportation             Other \_\_\_\_\_

## Existing Conditions:

Nephropathy                 Exercise Restriction  
 Neuropathy                   Thyroid Dysfunction  
 Retinopathy                  Dyslipidemia  
 Hypertension                 ETOH Abuse  
 Cardiovascular Disease     Drug Abuse  
 Gastroparesis                Mental Illness  
 Vascular Peripheral Disease  Other \_\_\_\_\_

## ADDITIONAL COMMENTS:

Physician Signature: \_\_\_\_\_

**PLEASE NOTE:** When sending a referral to the Diabetes Education Center at STEGH, you are signing off to the following Medication Directives: CBG and CGM Medical Directive for RD CDE, Adjusting Insulin and GLP1ra, Dispensing Diabetes Related Medications by CDE, Insulin Pump Management by CDE

\*CONTACT OFFICE TO OBTAIN A COPY OF THE MEDICAL DIRECTIVES

## PROGRAM USE ONLY:

RN    RD \_\_\_\_\_  
 Class:  CHO Counting             DM Refresher            Received : \_\_\_\_\_  
            Intro to Insulin Pumps     \_\_\_\_\_                    Booked : \_\_\_\_\_

Notification: #1 \_\_\_\_\_  
#2 \_\_\_\_\_  
#3 \_\_\_\_\_