

Referring Practitioner: _____ Date Referred: _____

Phone: _____ Fax: _____

Patient Information:

Patient's name: _____ DOB: _____

Address: _____

Phone: _____ Health Card #: _____

Urgency of Referral: Urgent Within 72 hours Within 2 weeks Within 2 Months

Reason for Referral:

- Newly Diagnosed Diabetes Is this person appropriate for class education? Y N
- Gestational Diabetes EDC _____ Referral to Endocrinologist as needed
(Gestational DM Only)

Special Consideration (please specify)

Insulin Start (Complete insulin start order)

Basal Insulin Start Order:	Other Insulin Start Order:
Type: <input type="checkbox"/> Lantus <input type="checkbox"/> Levemir <input type="checkbox"/> NPH	Type: _____
Sig: Start at 10 units at bedtime and increase by 1 unit every night until fasting blood sugar between 5-7 mmol	Sig: _____
Mitte: 1 box with 1 repeat	Mitte: _____
<input checked="" type="checkbox"/> Permission for RN/RD 's at DCG to titrate by 20% of total daily dose according to targets established by current Canadian Diabetes Association Clinic Practice Guidelines.	

Diabetes Management:

- RN/RD order labs (FBS, HbA1C, OGTT, Lipid profile, Kidney Function including Cr, eGFR and ACR, B12)
- RN/RD write prescription for supplies related to capillary blood glucose monitoring and insulin administration

Signature: _____ Date: _____

In the interest of efficient service, please ensure the following are included with the referral:

- 1) Lab Data Required from Initial Diagnostic Values and Follow-Up Values
 - a. (A1C, FBG, OGTT, Lipid and Kidney Functions)
- 2) Most recent History and Physical or Cumulative Patient profile (with meds listed)