

Our clinic supports individuals who:

- Are over the age of 18 years
- Have been told they have Diabetes, Prediabetes, or at risk of developing Diabetes
- Live or work in Guelph or have a Family Doctor in Guelph

Referring Practitioner: _____ Date: _____

Phone: _____ Fax: _____

Patient Information:

Patient's name: _____ DOB: _____ HC: _____

Address: _____

Phone: _____

Urgency: Within 72 hours Within 2 weeks Within 1 month

Reason for Referral:

Newly Diagnosed Diabetes Is this person appropriate for class education? Y N

Gestational Diabetes EDC: _____

Registered Kinesiologist

Special Consideration (please specify):

Insulin Start

Order:

Insulin: _____

Sig: _____

Mitte: _____

RN/RD/R Kin permission to communicate insulin order to pharmacy. Permission to titrate insulin up to 20% of total daily dose according to targets established by current Diabetes Canada Practice

Diabetes Management:

RN/RD/R Kin permission to order labs (FBS, RBS, HbA1C, OGTT, Lipid profile, Cr, eGFR, ACR, TSH, K+, CBC, ALT, and Ferritin).

RN/RD/R Kin permission to prescribe supplies related to capillary blood glucose or flash glucose monitoring (Libre), ketone monitoring and supplies related to insulin.

Signature: _____

Date: _____

Please ensure the following are included with the referral

1. Lab data from initial diagnostic values
2. Patient profile and complete medication list