



Patient Name: _____ **DOB:** (yyyy/mm/dd) **Male** **Female**

Address: _____ **Postal Code:** _____

Home Phone: _____ **Health Card#:** _____

Work Phone: _____ **Language Spoken:** _____ **Interpreter Needed:** **Y / N**

TYPE OF DIABETES (please check all that apply)

- New Diagnosis (<1 yr.) Type 1
 Established (>1 yr.) Type 2
 No Education Pre-diabetes

If <u>pregnant</u> check below:		Due Date: _____
<input type="checkbox"/> Type 1	<input type="checkbox"/> GDM	FSB _____
<input type="checkbox"/> Type 2	<input type="checkbox"/> Repeat GDM	1hr pc BS _____
<input type="checkbox"/> IGT of pregnancy		2hr pc BS _____

REASON FOR REFERRAL (please check all that apply)

REFERRED BY: Self Health Care Provider

- | | | |
|---|---|--|
| <input type="checkbox"/> URGENT (24-48 hours) | <input type="checkbox"/> Diet / Nutrition | <input type="checkbox"/> Foot Care Education |
| <input type="checkbox"/> Diabetes Education | <input type="checkbox"/> CHO counting | <input type="checkbox"/> Meter Teaching |
| <input type="checkbox"/> Support for Insulin Adjustment | <input type="checkbox"/> Insulin Pump Therapy | <input type="checkbox"/> Insulin Start (See Orders listed below) |
| <input type="checkbox"/> Other (please specify) _____ | | <input type="checkbox"/> Paediatric Education Consult |

Notes / Comments: _____

ORDERS FOR INSULIN INITIATION AND/OR ONGOING ADJUSTMENTS

Insulin Type: _____	<input type="checkbox"/> Adjust insulin dose by 1-2 units or up to 15% prn to achieve CDA CPG glycemic targets for ac 4-7 mmol/L and pc 5-10 mmol/L or individual target of: _____
Dose: & Time: _____	
Insulin Type: _____	<input type="checkbox"/> Adjust insulin dose by 1-2 units or up to 15% prn to achieve CDA CPG glycemic targets of ac 4-7 mmol/L and pc 5-10 mmol/L or individual target of: _____
Dose & Time: _____	
<input type="checkbox"/> Allow Certified Diabetes Educator to reduce the secretagogue dosage accordingly to avoid hypoglycaemia.	
<input type="checkbox"/> Allow Certified Diabetes Educator to adjust care/insulin ratios for self management of insulin therapy.	
<input type="checkbox"/> Allow Certified Diabetes Educator to order blood glucose or A1c for assessment and evaluation of glycemic control	
<input type="checkbox"/> Allow Registered Dietitian to perform blood glucose monitoring with a meter.	

PRESENT DIABETES MANAGEMENT & MEDICAL HISTORY

- Diet Only OHA & Diet Insulin
 Self-glucose monitoring Insulin & OHA

<input type="checkbox"/> PLEASE CHECK BOX IF HISTORY ATTACHED
--

****LAB RESULTS** (Please attach any Lab results as necessary)**

Referring person/physician:

Signature: _____ **Date:** _____

Print Name: _____

Primary Care Provider: (if different from referring physician)

(Please print)

If referring physician/person has a preferred program – Please check program choice below.

- | | | |
|---|--|--|
| <input type="checkbox"/> Bluewater Health | <input type="checkbox"/> Diabetes Wellness | <input type="checkbox"/> North Lambton CHCs |
| <input type="checkbox"/> Chatham-Kent CHCs | <input type="checkbox"/> Grand Bend CHC. | <input type="checkbox"/> Windsor Regional Hospital |
| <input type="checkbox"/> Chatham-Kent Health Alliance | <input type="checkbox"/> Hôtel-Dieu Grace Hospital | |
| <input type="checkbox"/> Other _____ | | |

First Contact: _____

Appointment Dates: _____

PLEASE SEE REVERSE SIDE OF THIS FORM FOR ADDRESSES TO ABOVE LOCATIONS

Diabetes Education and Care Locations

Location	Address
Bluewater Health	89 Norman Street, Sarnia, ON N7T 6S3
North Lambton CHC- Forest	59 King Street W, Forest, ON N0N 1J0
North Lambton CHC- West Lambton -Sarnia	429 Exmouth Street, Suite 100, Sarnia, ON N7T 5P1
Grand Bend CHC	69 Main Street East Grand Bend, On N0M 1T0
Chatham-Kent Health Alliance (CKHA)	80 Grand Ave West Chatham, ON N7M 5L9
CKHA - Sydenham Campus	325 Margaret Ave Wallaceburg, ON N8A 2A7
Chatham-Kent CHCs	20 Emma Street Chatham, ON N7I 5k5
	30 McNaughton Ave Wallaceburg, ON N8A 1R9
Diabetes Wellness	2885 Lauzon Pkwy, Unit 107 Windsor, ON N8T 3H5
Windsor Regional Hospital	1995 Lens Ave Windsor, ON N8W 1L9
Hôtel-Dieu Grace Hospital	1030 Ouellette Ave Windsor, ON N9A 1E1