

Diabetes Education Program (DEP) Referral Form

Urgent Routine

Patient Demographics:

Referral Date (yyyy/mm/dd):	Referring Physician:
Legal Name:	
Preferred Name:	
Date of Birth:	Health Card #:
Telephone Number:	Street Address:
City & Province:	Postal Code:
Email:	Interpreter Required?: <input type="checkbox"/> YES <input type="checkbox"/> NO
Family Physician (if different from Referring Physician):	

Reason for Referral:

Date of Diagnosis (yyyy/mm/dd): _____

- | | |
|--|---|
| <input type="checkbox"/> Prediabetes (A1C 5.7-6.4%)
<input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> New <input type="checkbox"/> Existing
<input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> New <input type="checkbox"/> Existing
<input type="checkbox"/> Gestational Diabetes
<input type="checkbox"/> Change in Treatment Regimen | <input type="checkbox"/> Social Work
<input type="checkbox"/> Weight Management (Certified Bariatric Educator (CBE))
<input type="checkbox"/> Hyperglycemia/Steroid
<input type="checkbox"/> Frequent Hypoglycemia |
|--|---|

Current Diabetes Treatment: Check all that apply

- Oral Agent (s) _____ Insulin _____
 Glucagon-like peptide (GLP)1ra _____

Insulin Type:

Dose and Time (2400hours):	<input type="checkbox"/> Adjust insulin dose by 1unit or up to 10% prn to achieve glycemic control of ac 4-7 mmol/L or pc 5-10 mmol/L or Individual target of: _____ or <input type="checkbox"/> Adjust insulin by: _____
Dose and Time (2400hours):	
GLP-1: Type/Dose and Time:	<input type="checkbox"/> Adjust GLP-1 by: _____

- Allow Certified Diabetes Educator (CDE) to reduce the secretagogue dosage accordingly to avoid hypoglycemia
 Allow CDE to adjust carb/insulin ratios for self-management of insulin therapy

Additional Comments:

Please Note: When sending a referral to the Diabetes Education Program at Alexandra Hospital Ingersoll, you are signing off to the following Medication Directives; Capillary Blood Glucose (CBG) and Continuous Glucose Monitoring (CGM) Medical Directive for Registered Dietitian(RD) and Registered Nurse (RN) CDE, Adjusting Insulin RN CDE *Contact Office to obtain a copy of the medical directive.

Physician Signature: _____