

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?: YES 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"/> Social Work |
| <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> New <input type="checkbox"/> Existing | <input type="checkbox"/> Weight Management (Certified Bariatric Educator (CBE)) |
| <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> New <input type="checkbox"/> Existing | <input type="checkbox"/> Hyperglycemia/Steroid |
| <input type="checkbox"/> Gestational Diabetes | <input type="checkbox"/> Frequent Hypoglycemia |
| <input type="checkbox"/> Change in Treatment Regimen | |

Current Diabetes Treatment: Check all that apply

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

Insulin Type:

Dose and Time (2400hours): _____

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: _____

Dose and Time (2400hours): _____

or
 Adjust insulin by: _____

GLP-1: Type/Dose and Time: _____

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: _____