

## Adult Diabetes Centre Referral Form

Patients are triaged for group education and/or individual assessment based on bloodwork algorithms. Please fax bloodwork completed within the last three months with referral.

**Please Print Clearly.**

**Required bloodwork:** fasting / random glucose or HgA1C. If available, include lipid panel, alb / creatinine ratio, creatinine. Gestational referrals require GDS and / or 1 and 2 hour postprandial glucose.

### Client Demographics:

Name (*first*) \_\_\_\_\_ (*last*) \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
 PHN \_\_\_\_\_ Gender  M  F Date of Birth \_\_\_\_\_ (d/m/y)

**Referring Physician** \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ PRACID#: \_\_\_\_\_

**Family Physician** \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Diabetes Specialist (if applicable)** \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Services Requested

- Type 1 Education       Type 2 Education       IGT Education  
 Type 2 Insulin Class       Insulin Pump Consultation

### Clinical Information

Diagnosis Type     Type 1       Pregnancy Type 1       IGT / IFG       Steroid Induced  
                            Type 2       Pregnancy Type 2       Gestational or IGT of pregnancy  
 Current Treatment  Diet only       Insulin only       Insulin pump  
                            OHA       OHA and Insulin       New to Insulin

### History

- Blood Pressure \_\_\_\_\_
- Duration of Diabetes     < 1 month     2 – 12 months     1 – 5 years     > 5 years
- Hypoglycemic episodes     Yes       No  
     If yes, has required EMS     Yes       No
- Previous Diabetes Education     Yes       No  
     If yes, when?     < 1 year ago     1 – 5 yrs ago     > 5 yrs ago     Unknown

**Other Pertinent Information / Diabetes Concerns** \_\_\_\_\_

Phone consult with triage nurse required. \_\_\_\_\_

### Special Requirements

- Hearing, visual impairment, requires oxygen, etc. Please specify \_\_\_\_\_  
 Cognitive impairment  
 Unable to speak or read English. Contact Person \_\_\_\_\_  
 Contact Phone \_\_\_\_\_ Please specify language \_\_\_\_\_

**Regional Access Office phone number: 780-401-2665**  
**Please fax completed form to Regional Access Booking Office at: 780-735-3553**