St.Thomas Elgin General Hospital

189 Elm St, St Thomas ON N5P 3W2
Phone: 519-631-2030 ext 2408
FAX: 519-637-3220

DIABETES EDUCATION PROGRAM REFERRAL

Referral Date:	**Health Card #**
Name:	**DOB:** YY MM DD
Address:	**City:**
Postal Code:	**Phone #: H** **W**
Referring Physician:	**Family Physician: (if different)**

Identify Need for Education:
- ☐ Pre-diabetes
- ☐ New onset diabetes – date of diagnosis: ____________________
- ☐ A change in treatment regimen:
  - ☐ No medication to oral agent
  - ☐ From oral agent to insulin:
    - Name of Insulin: ____________________
    - Starting Dose: ____________________
- ☐ Inadequate glycemic control
- ☐ Diet counseling
- ☐ High-risk based on:
  - -Specify: ____________________
- ☐ Gestational

Additional comments:

Physician Signature:______________________________

Current Diabetes Medication:
- ☐ Diet
- ☐ Oral agent(s)
- ☐ Oral agent(s) + insulin
- ☐ Insulin
- ☐ Other

Existing Barriers:
- ☐ Visual impairment
- ☐ Hearing impairment
- ☐ Language limitations
- ☐ Physical challenges
- ☐ Cognitive challenges
- ☐ Illiterate
- ☐ Other (please specify):

Existing Conditions:
- ☐ Exercise restricted
- ☐ Nephropathy
- ☐ Neuropathy
- ☐ Retinopathy
- ☐ Hypertension
- ☐ Cardiovascular Disease
- ☐ Peripheral Vascular Disease
- ☐ Thyroid dysfunction
- ☐ Dyslipidemia
- ☐ ETOH abuse
- ☐ Drug abuse
- ☐ Other (please specify):

	Date	Result
FBS		mmol/L
HbA1c		%
Microalbumin		mg/day
Creatinine		umol/L
Microalbumin: Creatinine Ratio		mg/mmol
EGFR		mmol/L
Triglycerides		mmol/L
Total Cholesterol		mmol/L
HDL		mmol/L
LDL		mmol/L
Cholesterol/HDL Ratio		mmol/L
OGTT	**Date**	**Result**
Fasting		mmol/L
1 hour		mmol/L
2 hour		mmol/L
Blood Pressure		/ mmHg

Program Use Only:
- ☐ Class ______________________________
- ☐ Individual RN ______________________________
- ☐ Individual RD______________________________

Notification#1______________________________
Notification #2: ______________________________
Notification #3:______________________________

This information is private and confidential. If you have received this fax in error, please notify Diabetes Education at 519-631-2030 ext. 2408 immediately. Thank you