



*Bancroft Community*

# Family Health Team

## ADULT DIABETES EDUCATION PROGRAM - REFERRAL

Is this an URGENT Referral? \_\_\_ No \_\_\_ Yes

**Reason for Referral:**

- Prediabetes
- Type 1 Diabetes
- Type 2 Diabetes
- Gestational Diabetes

Insulin start – Call 613-332-1565 ext. 261 to confirm receipt of referral.

Insulin prescribed: \_\_\_\_\_ Starting dose: \_\_\_\_\_

If fasting blood glucose (FBG) remains above target:

Increase dose by \_\_\_\_\_ units every \_\_\_\_\_ days until FBG <7.0 mmol/L

**OR**

Increase dose based on Certified Diabetes Educators' (CDE) recommendations following Diabetes Canada guidelines.

**\*FOR THE MANAGEMENT OF INSULIN FOR DIABETES:**

Do you give permission for the CDEs in the Diabetes Education Program to provide insulin dose adjustments by no more than 20% in response to hyperglycemia or hypoglycemia?

Yes       No

**Please inform patients to BRING ALL MEDICATIONS to the first appointment.**

**PLEASE INCLUDE MOST RECENT BLOOD WORK WITH REFERRAL**

REFERRING PROVIDER: \_\_\_\_\_ Date: \_\_\_\_\_

Family Physician or Primary Care Provider (if different): \_\_\_\_\_

Referring Provider's signature: \_\_\_\_\_

**FAX: 613-332-5541**