



## ADULT DIABETES EDUCATION PROGRAM - REFERRAL

The following patients should be **referred to Endocrinology or a hospital Diabetes Education Centre**:

- Patients newly diagnosed with Type 1 Diabetes or have unstable Type 1 Diabetes
- Patients with Gestational Diabetes requiring insulin management
- Pediatric patients

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.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HCN: \_\_\_\_\_

D.O.B: \_\_\_\_\_ PHONE: \_\_\_\_\_

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 BLOODWORK WITH REFERRAL**

Referring Provider: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

**FAX: 613-332-5541**