



Referral Form

Date: DD-MM-YYY

Thank you for referring your patient to Rideau Community Health Services Diabetes Education Program (RCHS DEP). Our educators (registered nurse or registered dietitian) will triage each referral to offer your patient either, group-based or individual diabetes education, based on the information provided, as well as patient preference.

Full Name
Address
Home Ph # Cell #
Date of Birth DD-MM-YYYY E-Mail
HC # Version Code Expiry Date

Referring Health Care Provider
Office Location
Phone #
Fax #

Duration of Diabetes: New Diagnosis years

Diagnosis:

Type 2 Diabetes Type 1 Diabetes Prediabetes
(FBG >= 7.0 mmol or 2 hr 75 g OGTT >= 11.1 mmol/L or A1C >= 6.5%) (FBG 6.1-6.9 mmol/L and/or 2 hr 75 g OGTT 7.8-11.0 mmol/L)

**Please attach the following documents with the referral:
- Laboratory results (ie. A1c, lipid profile, ACR, Creatinine, eGFR, FBG, OGTT)
- Current list of medications, pertinent medical or social history

Comments:

- Initiate insulin Titration to be done by physician
RCHS DEP will teach client to titrate Titration counseling to be done by RCHS DEP educators

Table with 3 columns: Category, Insulin Type, and Dosing and Titration. Rows include Basal, Bolus, Premixed, and Injectible Antihyperglycemic Agents.

- Prescription given to client Client told to bring insulin/supplies to RCHS DEP appointment
Allow Diabetes Educator to dispense insulin samples, or injectable glycemic agents, for teaching and financial need.

I consent that RCHS DEP Educators counsel the referenced client based on the order above.

Physician/Nurse Practitioner Signature:

Date: