



DIABETES EDUCATION CENTRE REFERRAL

South Huron Hospital Association, Exeter

Phone: 519-235-5175

Fax: 519-235-2945

NAME	Referral Date
ADDRESS	Date of Diagnosis
Phone # (h) (w)	DOB Day/month/year
REASON FOR REFERRAL – comments/special instructions	
Diagnosis: <input type="checkbox"/> New <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Metabolic Syndrome <input type="checkbox"/> IGT/IFG <input type="checkbox"/> Gestational	
Candidate for group class? <input type="checkbox"/> Yes <input type="checkbox"/> No Currently does self-glucose monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No	
ATTACH RECENT BLOOD WORK – within past 3 months (i.e. HbA1C, Lipids, Glucose, etc.) Referrals will not be accepted without supporting lab documents.	
MEDICATIONS: If referred for insulin start please clearly indicate prescribed initial insulin regimen and have patient bring prescription along to insulin start session.	
Other medications/conditions affecting diabetes:	
OTHER RELEVANT HEALTH PROBLEMS <input type="checkbox"/> Coronary <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Exercise Restrictions <input type="checkbox"/> High Risk Feet <input type="checkbox"/> Hypertension <input type="checkbox"/> Nephropathy <input type="checkbox"/> Neuropathy <input type="checkbox"/> Overweight <input type="checkbox"/> Psychosocial <input type="checkbox"/> Retinopathy <input type="checkbox"/> Smoker <input type="checkbox"/> Other _____	
Authorization for DEC Medical Directives (MAC Membership only) <input type="checkbox"/> Oral Hypoglycemic Agents and/or Insulin Dose adjustments may be titrated by the Certified Diabetes Educator (CDE) according to current Medical Directive(s). <input type="checkbox"/> Recent Lab results not available. DEC may requisition HgA1c, Lipid Profile, A/C Ratio and Lab/Meter check according to the current Clinical Practice Guidelines for Diabetes Management in Canada.	
Referring Physician	Family Physician
Date Rec'd At DEC	Referral via: Physician Self Other
Office Use <input type="checkbox"/> URGENT Appt Scheduled On: _____ for _____ <input type="checkbox"/> Team <input type="checkbox"/> RN <input type="checkbox"/> RD	