



**ALEXANDRA MARINE & GENERAL HOSPITAL**

120 Napier Street, Goderich, Ontario N7A 1W5

Phone: (519) 524 8323 Fax: (519) 524 8527

**Diabetes Education: Clinical Nutrition and Diabetes Education Referral**

- Jo Anne Aitken Registered Nurse, Certified Diabetes Educator Ext 5610
- Yvonne MacRae Registered Dietitian, Certified Diabetes Educator Ext 5611

For Appointments call Ext 5612

Name:			Referral Date:		
Address:			Diagnosis: <input type="radio"/> metabolic syndrome <input type="radio"/> IFG or <input type="radio"/> IGT <input type="radio"/> Type 2 diabetes mellitus <input type="radio"/> Type 1 diabetes mellitus		
Phone # (Home) _____ (Work) _____			DOB Day / Month / Year		
REASON FOR REFERRAL – COMMENTS / SPECIAL INSTRUCTIONS					
<i>Note: for insulin starts/insulin change – notify Diabetes Nurse Educator directly.</i>					
RECENT LABORATORY RESULTS (WITHIN LAST 3 MONTHS)					
TEST	DATE	RESULT	TEST	DATE	RESULT
FBG			Cholesterol		
RBG			LDL Chol.		
HgbA1C			HDL Chol.		
Microalbuminuria			Triglycerides		
Recent BP			Weight		
Abdominal girth			Other		
Oral GTT (for Gestational only) Date _____ (YYYY/MM/DD)					
FBG -            ½ hr -            1 hr -            1 ½ hr -            2 hrs -            3 hrs -					
<u>Medication</u> Insulin (name, type, dose) and/or Oral Agents (name, dose)					
<u>Medical History</u>					
Other Medications Affecting Diabetes Control - _____					
<b>Other Relevant Health Problems</b>					
<input type="radio"/> Coronary		<input type="radio"/> Hypertension		<input type="radio"/> Dyslipidemia	
<input type="radio"/> Smoker		<input type="radio"/> Foot Problems		<input type="radio"/> Neuropathy	
<input type="radio"/> Overweight		<input type="radio"/> Exercise Restrictions _____		<input type="radio"/> Renal	
				<input type="radio"/> Retinopathy	
				<input type="radio"/> Psychosocial	
				<input type="radio"/> Nephropathy	
				<input type="radio"/> Other _____	
Physician Signature			OHIP Billing #		Family Physician