

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  M  F **DOB (dd/mm/yy):** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  X \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Telephone: D:** \_\_\_\_\_ **E:** \_\_\_\_\_ **Language Barrier:**  YES  NO  
**Health Card Number:** \_\_\_\_\_  Identifies as First Nations, Inuit, Metis **Language Spoken:** \_\_\_\_\_  
**Primary Care Provider Name and Phone Number:** \_\_\_\_\_

### DIABETES ASSESSMENT (please check all that apply)

URGENT  Type 1  High Risk for DM **If PREGNANT check below:**  
 Symptomatic  Type 2  \_\_\_\_\_  Type 1  Repeat GDM **Due Date:** \_\_\_\_\_  
 New Diagnosis (<1 yr)  Pre-diabetes  No Previous  Type 2  High Risk **Hospital:** \_\_\_\_\_  
 Established (>1yr)  Steroid induced  Education  GDM  Postpartum

### REASON FOR REFERRAL (please check all that apply)

Diabetes Education  Weight Control  Insulin Start – See Order Below  Insulin Adjustment Education  
 Poor Diabetes Control  Carb Counting  Insulin Pump  Foot Care Education  
 Experiencing Hypoglycemia  Lipid Management  CGMS  AGP/Flash  Foot Care Treatment  
 Pre-Pregnancy Counselling  Sick Day Management  GLP-1 Start – See Order Below  Other \_\_\_\_\_

### ORDERS FOR INSULIN and/or GLP-1 INITIATION AND/OR ONGOING ADJUSTMENTS

<b>Insulin Type:</b>		<input type="checkbox"/> Adjust insulin dose by 1-2 units or up to 20% prn to achieve Diabetes Canada CPG glycemic targets of ac 4-7 mmol/L and pc 5-10mmol/L or individual target of: _____ or
<b>Dose and Time:</b>		<input type="checkbox"/> Adjust insulin by: _____
<b>Insulin Type:</b>		<input type="checkbox"/> Adjust insulin dose by 1-2 units or up to 20% prn to achieve Diabetes Canada CPG glycemic targets of ac 4-7 mmol/L and pc 5-10mmol/L or individual target of: _____ or
<b>Dose and Time:</b>		<input type="checkbox"/> Adjust insulin by: _____
<b>GLP-1: Type/Dose and Time:</b>		<input type="checkbox"/> Adjust GLP-1 by: _____

Allow Certified Diabetes Educator to reduce the secretagogue dosage accordingly to avoid hypoglycemia  
 Allow Certified Diabetes Educator to adjust carb/insulin ratios for self management of insulin therapy

### CURRENT THERAPY AND MEDICAL HISTORY

#### Check all that apply and include types and dosages

Insulin  Antihyperglycemic Agents  
 History attached  Retinopathy  Obesity  
 Hypertension  Nephropathy  Exercise restrictions  
 CVD  Neuropathy  Alcohol Use  
 PAD  Gastroparesis  Tobacco Use  
 Dyslipidemia  Vegetarian  Sexual Dysfunction  
 TIA/Stroke  Mental Health: \_\_\_\_\_  Foot ulcers  
 Fatty Liver \_\_\_\_\_  \_\_\_\_\_

Test	Result	Date	Test	Result	Date
FBS			Creatinine		
2hr OGTT			T Chol/HDL Ratio		
A1C			Triglycerides		
ACR			HDL Cholesterol		
eGFR			LDL Cholesterol		

Endocrinologist/Specialist in Diabetes Consult \_\_\_\_\_  Nephrologist/HTN Clinic Consult \_\_\_\_\_  
 Ophthalmologist/Retinal Screening Consult \_\_\_\_\_  
 Medically Supervised Wound Care Consult \_\_\_\_\_ *\*If requesting consult, provide your billing number \_\_\_\_\_*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Address (stamp):** \_\_\_\_\_

**For Internal Use ONLY**

**DEP:** \_\_\_\_\_  
**Specialist:** \_\_\_\_\_

**For DEP Use ONLY**

**First Contact:** \_\_\_\_\_  
**Appointment Dates:** \_\_\_\_\_