

Referral Form

Date: _____

Thank you for referring your patient to RVDS. 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.

Client Name _____
Address _____
Postal Code: _____
Phone: h) _____ w) _____
DOB _____

Referring Health Care Provider _____
Town/City _____
Phone _____
Fax _____

Diagnosis:

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

Duration of Diabetes: New Diagnosis _____ Years

**** Please attach the following documents with the referral:**

- Laboratory results (i.e. A1C, lipid profile, ACR, Creatinine, eGFR, FBG, OGTT)
 Current list of medications
 Pertinent medical or social history

Comments: _____

If you are requesting teaching on Insulin Initiation and/or Titration by RVDS educators, please choose insulin(s) from one of the columns below and complete the 'Dosing and Titration'. Thank you.

- Titration to be done by physician Teach to titrate

	Insulin Type	Dosing and Titration	
Basal	<input type="checkbox"/> Lantus <input type="checkbox"/> Levemir <input type="checkbox"/> N/NPH	Starting dose: _____ units at bedtime. Titrate dose by _____ unit(s) every _____ night(s) until FBG is 4-7 mmol.	Other:
Premixed	<input type="checkbox"/> Novomix30 <input type="checkbox"/> Humalog Mix25 <input type="checkbox"/> Humalog Mix50 Other _____	Starting doses: _____ units ac breakfast _____ units ac supper Titrate breakfast dose by _____ units every _____ days until ac supper BG 4-7 mmol. Titrate supper dose by _____ units every _____ days until FBG is 4-7 mmol.	
Other i.e. bolus or correction	Please provide dosing and titration specifics.		

- Prescription given to client. Client told to bring insulin/supplies to RVDS appt.

Physician/Nurse Practitioner Signature: _____ Date: _____