Renfrew County Diabetes Education Program Referral

☐ ARNPRIOR ☐ DEEP RIVER ☐ PEMBROKE

☐ RENFREW ☐ BARRY'S BAY ☐ Outreach Clinic

Telephone #: 1-855-293-7838 Fax #: 1-855-293-7839

Name: _____ D.O.B. _____
(DD/MM/YY)

Address:_____

Telephone: Home: _____ Work: _____

Ontario Health Card # with Version Code: _____

REASON FOR REFERRAL:

Diabetes Type: ☐Pre-diabetes ☐Type 1 ☐Type 2 ☐Gestational ___wks IGT pregnancy____wks

Significant Medical History: Hyperlipidemia ☐ Cardiovascular Disease ☐
Hypertension ☐ Other ☐

_____

RECENT LAB DATA:

Date	FBG	RBG	A1C	TC	HDL	LDL	TRG	Ratio	ACR (Albumin: Creatinine Ratio)	eGFR

Oral Glucose Tolerance Test results: Fasting Blood Glucose ____ 1 hr. ____ 2 hr. ____

MEDICATIONS:

_____

_____

_____

☐ Initiate Insulin as ordered: _____

☐ Adjust Insulin to Clinical Practice Guidelines 2008 OR _____
☐ Adjust Oral Meds to Clinical Practice Guidelines 2008 OR _____

Physician signature: _____ Date: _____

For Office Use Only: ***Priority 1*** ☐ ***Priority 2*** ☐ ***Priority 3*** ☐

1945 ARNPRIOR & DISTRICT MEMORIAL HOSPITAL

Deep River and District Hospital

Hôpital Régional de Pembroke Regional Hospital

Re KVH a Hospital

St. Francis Memorial Hospital