



**Lennox & Addington County
General Hospital**

**Napanee Area Community
Health Centre**
A part of Kingston Community Health Centres (KCHC)

**FAX COMPLETED FORM TO:
613-354-6024**

**DIABETES EDUCATION PROGRAM
REFERRAL FORM**

GENERAL INFORMATION:

Client Name: _____ DOB: ____/____/____
Day/ Month/Year

Home Phone: _____ Work: _____ HC: _____

Address: _____

Physician: _____ Physician Phone: _____
 Physician Fax: _____

DIABETES HISTORY AND LAB DATA:
 Please complete or attached a copy of most recent blood work.

Diabetes Diagnosis: Type 1 Type 2 IGT IFG Date of DX: _____

| | |
|---------------------|-------------------------|
| FBG _____ mmol/L | Total CHOL _____ mmol/L |
| RBS/PC _____ mmol/L | LDL _____ mmol/L |
| HbA1C _____ % | HDL _____ mmol/L |
| OGTT _____ mmol/L | TC/HDL _____ mmol/L |
| ACR _____ mg/mmol | TG _____ mmol/L |
| eGFR _____ mL/min | BP _____ mmHg |
| Other(s) _____ | |

| PRESENT DIABETES MEDICATION: | | | OTHER MEDICATIONS: | | |
|------------------------------|--------|------|--------------------|--------|------|
| Medication: | Dosage | Time | Medication: | Dosage | Time |
| | | | | | |
| | | | | | |
| | | | | | |

| PREVIOUS MEDICAL HISTORY: | PSYCHOSOCIAL RISK FACTORS: |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> MI <input type="checkbox"/> CVA <input type="checkbox"/> CHF <input type="checkbox"/> Renal Disease <input type="checkbox"/> Neuropathy <input type="checkbox"/> Retinopathy <input type="checkbox"/> Hypertension <input type="checkbox"/> Hypothyroid Other _____ | <input type="checkbox"/> Depression <input type="checkbox"/> Financial Issues <input type="checkbox"/> Alcoholism <input type="checkbox"/> Visual Deficit <input type="checkbox"/> Chronic Anxiety <input type="checkbox"/> Hearing Deficit <input type="checkbox"/> Illiteracy <input type="checkbox"/> Not suitable for Group Education Other _____ |

DIABETES EDUCATION

MANAGEMENT OF DIABETES:

- Basic Level Management Plan includes education on the following:
- Meal Plan, Exercise & Lifestyle
 - Complications & Management of Diabetes
 - Foot Assessment and intervention as indicated
 - Random blood glucose for meter correlation (where available)

INSULIN MANAGEMENT:

- Insulin to be initiated as an outpatient
- All Oral Hypoglycemic Agents are to be stopped 24 hours before starting Insulin
- Oral Hypoglycemic Agent(s) to be continued as follows:

| Prescribed Insulin | Dosage | Time | Prescribed Insulin | Dosage | Time |
|--------------------|--------|------|--------------------|--------|------|
| | | | | | |
| | | | | | |

- I authorize the Diabetes Nurse Educator to adjust insulin according to the Insulin Adjustment Protocol or Medical Directive approved by the provider agency.^[1]

Physician Signature: _____ Date: _____

PATIENT'S PREFERENCE - DIABETES EDUCATION SERVICE LOCATION

- Napanee (LACGH) Deseronto Tamworth Northbrook
- Napanee (CHC- Downtown) Amherstview Other _____

DEP OFFICE USE ONLY

Priority:

- Patient contacted for an appointment and declined service.*

Reason given: _____

DEP Staff Signature: _____ *Date:* _____

[1] Lennox & Addington County's Diabetes Education Service provider agencies are Lennox & Addington County General Hospital and Napanee Area Community Health Centre.