

## **Diabetes Education Program**

## **Referral Form**

We offer pre-diabetes and diabetes education, insulin initiation, and insulin and/or medication adjustment services in English and French in Alexandria, Bourget, Cornwall, Crysler, and Embrun.

Children 17 years of age and under who are diagnosed with diabetes should be referred immediately to CHEO: <a href="https://www.cheo.on.ca/en/clinics-services-programs/diabetes-clinic.aspx">https://www.cheo.on.ca/en/clinics-services-programs/diabetes-clinic.aspx</a>

We do not offer consultations with endocrinologists/internists, nor do we offer services for gestational diabetes and/or insulin pump.

First	Name:			
Last 1	Name:			
Hom	e Phone:	Mol	bile Phone:	
Addr	ess:			
Unit, Street:				
City, Province:				
Postal Code:				
Date of Birth:				
Ontario Health Card Number:				
Onta				
Onta				
	nosis			
			Type 2 diabetes	
<b>Diag</b>	nosis		Type 2 diabetes	
<b>Diag</b>	<b>nosis</b> Prediabetes		Type 2 diabetes	
Diag	nosis Prediabetes is request urgent?		No	
Diag	nosis Prediabetes is request urgent? Yes (e.g., HbA1C > 10%)		No	
Diag  Ls thi  Chec	nosis  Prediabetes is request urgent?  Yes (e.g., HbA1C > 10%) k the required service/primary reason for	□ refer	No ral	

## **Documentation to include:**

- 1. Recent lab results (A1C, FBG, eGFR, ACR, Lipids)
- 2. Medical history/Risk factors
- 3. Current medication list
- 4. Prescription and medical order for insulin adjustment, if applicable



## **Diabetes Education Program**

Referring Physician/Nurse Practitioner
First Name:
Last Name:
Phone:
Fax:
Signatur <del>e:</del>

Please fax this form to 613 937-4938

Phone: 613 525-5544 or 613 937-0478 (Toll free: 1 888 235-0577)