



Diabetes Education Program Referral

Client's Name: _____ Birthdate: _____
 Address: _____ PHN: _____
 Phone Number: (h) _____ (w) _____ Physician: _____
 Date of Referral: _____ Referred By: _____ Position: _____
 Contact # _____

Diagnosis: type 1 _____ type 2 _____ IFG _____ IGT _____ GDM _____ (weeks _____)

Medication/Dosages/Frequencies _____

Lab Data:

Glucose tests

HbA1c _____ Fasting BS _____
2hr pc _____
Random BS _____

Lipid Profile

TC _____ LDL _____ HDL _____
Chol/HDL ratio _____ Trig _____

Renal Panel

Albumin _____
Microalbuminuria _____
Creatinine _____ K _____

Special considerations: _____

Service Requested: (R) _____ Dietitian
Present Services: (P) _____ Diabetic Educator
 _____ Diabetes Education Classes
 _____ Home Care Nursing Intervention
 _____ -Service requested _____
 _____ -Dr's order included yes no
 _____ Mental Health
 _____ Physical Therapist
 _____ Podiatry/Chiropody
 _____ Pharmacy
 _____ Other _____

Return to: Home Care Office **Weyburn** 842-1919 (fax) or 842-8478 (phone)
Estevan 634-8414 (fax) or 637-3630 (phone)
Arcola 455-2119 (fax) or 455-2116 (phone)
 Or call: **Kay Steele** Diabetes Nurse Educator 453-2319 (phone)