



## Central/North Island Diabetes Education Centre Referral

**Please Fax Completed Referral to:**

- |  |  |
|--|--|
| <input type="checkbox"/> Campbell River Diabetes Centre (250) 286-7103   | <input type="checkbox"/> Nanaimo Diabetes Centre (250) 716-7711      |
| <input type="checkbox"/> Comox Valley Diabetes Centre (250) 331-5903     | <input type="checkbox"/> Nanaimo Inpatients (250) 739-5855           |
| <input type="checkbox"/> Duncan/Ladysmith Diabetes Centre (250) 737-2033 | <input type="checkbox"/> Parksville Diabetes Centre (250) 951-9516   |
| <input type="checkbox"/> Mt. Waddington Diabetes Centre (250) 956-6813   | <input type="checkbox"/> Port Alberni Diabetes Centre (250) 724-8848 |
|  | <input type="checkbox"/> Tofino Diabetes Centre (250) 724-8848       |

|                    |                              |
|--------------------|------------------------------|
| Name: _____        | Date of Birth: _____         |
| Address: _____     |                              |
| Postal Code: _____ | Phone: (H): _____ (W): _____ |
| Physician: _____   | PHN #: _____                 |

New Diagnosis:  Yes  No

**\*Please complete in full or attach these recent lab results\***

**Insulin Start:**

Starting dose: \_\_\_\_\_

| Insulin | Breakfast | Lunch | Dinner | HS |
|---------|-----------|-------|--------|----|
|         |           |       |        |    |
|         |           |       |        |    |
|         |           |       |        |    |

Adjust \_\_\_\_\_ Insulin by \_\_\_\_\_ units q \_\_\_\_\_ days

**Type 1:** Insulin Routine: \_\_\_\_\_

**Type 2**  **Pre-Diabetes**

Current therapy:

- Diet only  
 Oral Agents: \_\_\_\_\_

Insulin: \_\_\_\_\_

**Diabetes in Pregnancy:** EDC: \_\_\_\_\_

Type 1  Type 2  Gestational  Pre-Pregnancy

\*Please attach labs and prenatal record

NRGH Endocrinologist referral (pregnancy only)

Other medications: \_\_\_\_\_

Comments/ other health concerns: \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_

*Administration Use*

Date Received: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

Booking Info: \_\_\_\_\_

| <u>Lab Work</u>                   |             |
|-----------------------------------|-------------|
| <input type="checkbox"/> Attached | Date: _____ |
| • FBS: _____                      | _____       |
| • 2 hr pc: _____                  | _____       |
| • A1C: _____                      | _____       |
| • ACR: _____                      | _____       |
| Date: _____                       | _____       |
| • Triglycerides: _____            | _____       |
| • Total Chol: _____               | _____       |
| • HDL: _____                      | _____       |
| • LDL: _____                      | _____       |
| • Ratio TC:HDL: _____             | _____       |

|                                   |                                 |
|-----------------------------------|---------------------------------|
| <b>Barriers to learning:</b>      |                                 |
| <input type="checkbox"/> Hearing  | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Language | <input type="checkbox"/> Other  |

**Diabetes in Pregnancy**  
 General education and Endocrinology referral recommended for pre-pregnancy, Type 1 & Type 2 Diabetes and GDM requiring insulin