



Diabetes Education Centre of Parry Sound and Area Communities



6 Albert Street, Parry Sound, ON P2A 3A4
705-746-5461 Fax: 705-773-4609

Please Fax Referral Form to 705-773-4609

Name: _____ DOB: _____

Address: _____ Physician: _____

Telephone #: (H) _____ (C) _____

Permission to leave a message

Patient aware of referral

Health Card #: _____

DIAGNOSIS: (a confirmatory lab glucose test (an FPG, casual PG, or a 2hPG in a 75 g OGTT) must be done in all cases on another day in the absence of unequivocal hyperglycemia accompanied by acute metabolic decompensation)

Type of Diabetes:	Length of time since diagnosis:
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MEDICATIONS:

Oral Hypoglycemia agent(s):	Insulin:	Other:
Date initiated:	Permission to adjust: YES NO	

MEDICAL PROBLEMS:

- Cerebrovascular disease
- Thyroid
- Hypertension
- Smoking
- Coronary artery disease
- Dyslipidemia
- Retinopathy
- Obesity
- Peripheral vascular disease
- Nephropathy
- Neuropathy
- None
- Exercise restriction
- Alcoholism
- Other: _____

LABORATORY DATA (required for individualized diet/meal plan)

HgB A1C: _____ FBS: _____ 2hr. PG: _____ RBS: _____

Microalbumin _____ Cholesterol _____ HDL _____ LDL _____ TG _____

<input type="checkbox"/> Mentally Challenged <input type="checkbox"/> History of Violence Comments:	<input type="checkbox"/> Financial <input type="checkbox"/> Language Barrier <input type="checkbox"/> Not Suitable for Group
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Physician Signature: _____ RN (EC) Signature: _____

Date: _____

(See www.guidelines.diabetes.ca for Clinical Practice Guidelines 2018.)