



## 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

<p><b>Diabetes in Pregnancy</b> General education and Endocrinology referral recommended for pre-pregnancy, Type 1 &amp; Type 2 Diabetes and GDM requiring insulin</p>
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