



# Out of Saskatoon Health Region DIABETES REFERRAL

Optimizing Chronic Disease Management

Educator contact information can be found in the Saskatchewan Diabetes Directory (link below)

<http://www.saskatchewan.ca/live/health-and-healthy-living/health-care-provider-resources/treatment-procedures-and-guidelines/chronic-disease/diabetes-resources-for-health-providers>

Name: _____
Address: _____
Phone: _____
PHN: _____
DOB: _____
Alternate Contact: _____

<b>Diabetes Type</b>	<b>Diagnosis</b>	<b>Current Diabetes Status</b>
<input type="checkbox"/> type 1 <input type="checkbox"/> type 2 <input type="checkbox"/> IFG or IGT <input type="checkbox"/> GDM <input type="checkbox"/> Pre-existing Gestational	<input type="checkbox"/> New Onset <input type="checkbox"/> Previously Dx	<input type="checkbox"/> Insulin Start <input type="checkbox"/> Med Intensification <input type="checkbox"/> Uncontrolled Diabetes

<b>Other Health Issues</b>
<input type="checkbox"/> Hypertension <input type="checkbox"/> Weight _____ kg <input type="checkbox"/> Lipids <input type="checkbox"/> Smoking <input type="checkbox"/> Stress <input type="checkbox"/> Other _____

<b>Oral Anti-Hyperglycemic Agents</b>										
Metformin _____   Glyburide _____   Avandia _____   Actos _____   Other _____										
<b>Insulin</b>										
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Humulin N</td> <td style="width: 50%;">Humulin R</td> </tr> <tr> <td>NPH</td> <td>Toronto</td> </tr> <tr> <td>Lantus</td> <td>Humalog</td> </tr> <tr> <td>Levemir</td> <td>NovoRapid</td> </tr> <tr> <td>Mixed</td> <td></td> </tr> </table>	Humulin N	Humulin R	NPH	Toronto	Lantus	Humalog	Levemir	NovoRapid	Mixed	
Humulin N	Humulin R									
NPH	Toronto									
Lantus	Humalog									
Levemir	NovoRapid									
Mixed										
Other Meds:										

<b>Pertinent Labs</b>
Most recent HbA1c: _____   Other: _____

<b>Reason for Referral/ Comments</b>
<input type="checkbox"/> New Diagnosis – basic education completed, needs further education <input type="checkbox"/> Switch from oral to insulin – basic education completed, needs follow-up <input type="checkbox"/> Insulin regimen changed – requires further education for new regimen <input type="checkbox"/> Family members require education

<b>Referred By:</b>			
Name: _____			Date: _____
Phone: _____	Fax: _____	Email: _____	

