Out of Saskatoon Health Region DIABETES REFERRAL

Diabetes Type
- type 1
- type 2
- IFG or IGT
- GDM
- Pre-existing Gestational

Diagnosis
- New Onset
- Previously Dx

Current Diabetes Status
- Insulin Start
- Med Intensification
- Uncontrolled Diabetes

Other Health Issues
- Hypertension
- Weight ____kg
- Lipids
- Smoking
- Stress
- Other _____________

Oral Anti-Hyperglycemic Agents
- Metformin ______
- Glyburide ______
- Avandia ______
- Actos ______
- Other ______

Insulin
- Humulin N
- Humulin R
- NPH
- Toronto
- Lantus
- Humalog
- Levemir
- NovoRapid
- Mixed
- Other Meds:

Pertinent Labs
- Most recent HbA1c:
- Other:

Reason for Referral/ Comments
- New Diagnosis – basic education completed, needs further education
- Switch from oral to insulin – basic education completed, needs follow-up
- Insulin regimen changed – requires further education for new regimen
- Family members require education

Referred By:
- Name: ____________________
- Date: ____________________
- Phone: ____________________
- Fax: ____________________
- Email: ____________________