Religious Hospitallers of Saint Joseph of the Hotel Dieu of Kingston
HOTEL DIEU HOSPITAL

Kingston General Hospital

**Hotel Dieu Hospital, 166 Brock Street**
**Kingston, ON K7L 5G2**
**Tel: 613-544-3400 ext. 3590 Fax: 613-544-4499**

# DIABETES EDUCATION & MANAGEMENT CENTRE REFERRAL FORM

*Indicates a required field

For Insulin Pump Initiation please refer to an Endocrinologist at the Kington General or Hotel Dieu Hospitals.

Date of Referral: _____

Last Name: * _____ First Name:* _____

Address:* _____

Home Phone:* _____ Work Phone: _____ Mobil Phone: _____

Date of Birth:* _____ Sex: _____ Family Physician: _____

Health Card #: _____ Version Code: _____ Expiry Date: _____

**Type of Diabetes: (check one)**

☐ Type 1 ☐ Type 2

☐ Pre-diabetes

Duration of Diabetes: _____

Usual range of blood sugars: _____ mmol/L to _____ mmol/L

**Current Medication:** _____

## PLEASE ATTACH RESULTS OF SPECIFIC RELEVANT LAB TESTS
## Fasting Blood Glucose, A1C, Lipids, Albumin Creatinine Ratio

**Type of service requested:**

☐ Group Program ☐ Individual appointment with ... ☐ Nurse ☐ Dietitian ☐ Social Worker

Please indicate any barriers for your patient to receive group teaching: _____

**For patients being started on insulin or already on insulin:**

Will you allow Diabetes Educators to adjust insulin dosages? (Select Yes or No) _____

**URGENCY OF REFERRAL PLEASE SELET ONE:** _____

Referred by: _____

DESIGNATION SIGNATURE: _____

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