



Renfrew County Diabetes Education Program Referral

- ARNPRIOR DEEP RIVER PEMBROKE
 RENFREW BARRY'S BAY Outreach Clinic

Telephone #: 1-855-293-7838

Fax #: 1-855-293-7839

Name: _____ D.O.B. _____
(DD/MM/YY)

Address: _____

Telephone: Home: _____ Work: _____

Ontario Health Card # with Version Code: _____

REASON FOR REFERRAL:

Diabetes Type: Pre-diabetes Type 1 Type 2 Gestational ___ wks IGT pregnancy ___ wks

Significant Medical History: Hyperlipidemia Cardiovascular Disease
Hypertension Other

RECENT LAB DATA:

Date	FBG	RBG	A1C	TC	HDL	LDL	TRG	Ratio	ACR (Albumin: Creatinine Ratio)	eGFR

Oral Glucose Tolerance Test results: Fasting Blood Glucose ___ 1 hr. ___ 2 hr. ___

MEDICATIONS:

Initiate Insulin as ordered: _____

Adjust Insulin to Clinical Practice Guidelines 2013 OR _____

Adjust Oral Meds to Clinical Practice Guidelines 2013 OR _____

Physician signature: _____ Date: _____

For Office Use Only: Priority 1 Priority 2 Priority 3