



DIABETES EDUCATION PROGRAM REFERRAL

Choose ONE site and fax referral to:

- | | | |
|---|---|---|
| <input type="checkbox"/> General Site
3050 Lawrence Avenue East
Scarborough, ON M1P 2V5
Tel (416) 431-8149
Fax (416) 431-8185 | <input type="checkbox"/> Birchmount Site
3030 Birchmount Road
Scarborough, ON M1W 3W3
Tel (416) 495-2400 ext. 5318
Fax (416) 495-2457 | <input type="checkbox"/> Centenary Site
2867 Ellesmere Road
Scarborough, ON M1E 4B9
Tel (416) 281-7375
Fax (416) 281-7020 |
|---|---|---|



841293

Inclusion Criteria for Referred Patients

- Recent ED admission for DKA/HHS or patients with metabolic decompensation who are newly initiated on insulin or intensified insulin treatment while in hospital/ED
- Frequent or severe hypo/hyperglycemia
- CKD stage G3B (eGFR = 30-44) or less, or other end organ damage and who require insulin
- Patients with steroid-induced hyperglycemia
- All Type 1 DMs and Type 2 DM on MDI
- Patients on insulin pumps
- GDMs
- Patients with Type 1 DM or Type 2 DM who are planning pregnancy

PATIENT INFORMATION

Last Name _____ First Name _____ Date of Birth _____ Age _____
dd/mm/yyyy

Address: _____ Gender: Male Female

Phone: (H) _____ (B) _____ Health Card _____

Does patient understand English? Yes No **If "NO", Patient MUST bring translator.**

Referral to Endocrinologist Dr. _____ OR As required by DEP staff

REQUIRED FOR REFERRAL – **Please attach copy of lab results, current medication list and last consult note**

DIABETES: Gestational Type 1 Type 2 Type 1 / Type 2 in pregnancy Pump Therapy

Newly diagnosed (0-6 months) Established _____ years Other

CO-MORBIDITIES:

Coronary Artery Disease Neuropathy Mental health/cognitive concerns Hypertension

Peripheral Vascular Disease Retinopathy Obesity Height _____ Weight _____

Cerebral Vascular Disease Nephropathy Other _____

CURRENT MEDICATIONS:

Diabetes: Oral Insulin Basal Pre-Mixed MDI GLP-1

PHYSICIAN'S ORDERS:

The Certified Diabetes Educators (CDE) in the Scarborough and Rouge Hospital Diabetes Education Centre will instruct clients to adjust their insulin and/or oral agents according to the **medical directive** :

1. Adjust insulin by 2-4 units or 20-50% of a patient's Total Daily Dose.
2. Increase oral anti-hyperglycemic agents to a maximum of double the dose, or decrease by ½ to 1 tablet in the event of hypoglycemia after review of renal and/or liver function tests.
3. Stop metformin when estimated Glomerular Filtration Rate (eGFR<30ml/min).

Please tick here if you **do not** consent for the CDE to implement the Diabetes Clinic Orders for Tx

Print Name of Referring Physician

OHIP billing number

Phone Number

Signature of Referring Physician

Date of Referral (DD/MMM/YY)

Fax Number

The Clinic will contact the patient directly to book an appointment time.