

**East Algoma Diabetes Education and Care Program**

Tel: 705-848-7182 ext 2463 (secretary) or Fax: 705-848-9006

*Weighing Your Options*

**Outpatient Adult Diabetes Services - Referral Form**

Referred by:  MD  NP  Community care provider  Other diabetes service  Self

**Diabetes Services Available in Elliot Lake**

- East-Algoma Diabetes Education & Care Program–NELHIN (specialized diabetes care) Elliot Lake F: 705-848-9006
- Annual Diabetes Health Check-up – Elliot Lake Family Health Team (diabetes self-management support) \*\*rostered clients only\*\* Elliot Lake F: 705-461-8882
- Health Sciences North - Complex Diabetes Care Program (Physician or NP referral required) Sudbury F: 705-671-5634

**Services required:**

- Initial diabetes teaching/education  Nutrition counseling  Intensive diabetes management
- Review/re-education  Medication teaching  Managing diabetes in pregnancy
- Self blood glucose monitoring  Insulin start/management  Other \_\_\_\_\_

\*Client Name: \_\_\_\_\_

\*Physician Name: \_\_\_\_\_

\*HC #: \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

Physician Phone #: \_\_\_\_\_

\*Client Address: \_\_\_\_\_  
(include postal code) \_\_\_\_\_

Client Language Preference:

\*Client Phone #s: H: \_\_\_\_\_ C or W: \_\_\_\_\_  English  French  Other \_\_\_\_\_  
specify

**Diagnosis:**  Type 1  Type2  Pre-Diabetes (IGT/IFG)  GDM  Other

New diagnosis?  Yes  No If No, year of diagnosis? \_\_\_\_\_ Previous diabetes education  Yes  No

**Diagnostic Lab Values:**

\*Please attach all available most recent lab data:

- HbA1c
- Fasting BG
- 2 hr GTT
- Lipid Profile
- GFR
- Creatinine
- Albumin/Creatinine ratio
- Date of last retinal exam: \_\_\_\_\_

**Comorbidities:**

- CVD  None
- Dyslipidemia
- Hypertension
- Peripheral vascular disease
- Neuropathy
- Renal disease
- Retinopathy
- Depression
- Sexual dysfunction
- Other: \_\_\_\_\_

**For Pregnancy:**

Gravida: \_\_\_\_\_  
Para: \_\_\_\_\_  
EDB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Weeks pregnant: \_\_\_\_\_

**Please attach pre-natal record**

OGT: \_\_\_\_\_

Date: \_\_\_\_\_

**Current Diabetes Treatment:**  None (lifestyle only)  Oral/injectable antihyperglycemic  Insulin

**Medication:** \*list here or attach a list

**Barriers to Learning:**

- Language barrier  Hearing impairment  Mental health issues: \_\_\_\_\_
- Cognitive deficit  Visual impairment  Other (specify): \_\_\_\_\_

**Referring Health Care Provider:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Office Use Only**

Date received: \_\_\_\_\_

Date triaged: \_\_\_\_\_

Initials: \_\_\_\_\_

Appointment date: \_\_\_\_\_

Individual

Group

OTN