



# Adult Outpatient Diabetes Services (RJH Memorial Pavilion)

Victoria REFERRAL FORM Ph: 250-370-8322 Fax: 250-370-8357

\*Patient Name: \_\_\_\_\_  
Last First

\*PHN: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
dd/mm/yy

\*Patient Contact #: \_\_\_\_\_  
(H): \_\_\_\_\_ (C) or (W): \_\_\_\_\_

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

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

\*Patient Address: \_\_\_\_\_  
(postal code) \_\_\_\_\_

Patient email: \_\_\_\_\_

### Patient History

Diagnosis:  Type 1  Type 2  Pre-Diabetes  
Duration of Diabetes (yrs): \_\_\_\_\_

- \*Please complete or attach relevant labs:**
- FBG \_\_\_\_\_
  - 2-hr GGT \_\_\_\_\_
  - RBG \_\_\_\_\_
  - A1C (last 2 preferred) \_\_\_\_\_
  - Lipid Profile \_\_\_\_\_
  - eGFR \_\_\_\_\_
  - ACR \_\_\_\_\_
  - Hgb \_\_\_\_\_

- Comorbidities:**
- CVD/CHF
  - Hypertension
  - Nephropathy
  - Neuropathy
  - Other: \_\_\_\_\_
  - Retinopathy
  - Psych/mental health
  - Liver disease
  - Current steroid use
  - Pancreatic disease
  - PVD/extremity ulcer

**Current Treatment:**

Diet and exercise only

Current OHAs: \_\_\_\_\_

Insulin(s);GLP1: \_\_\_\_\_

### Services Required

- Initial education (new diagnosis)
- BG/CGM monitor training/certification
- Dietary review
- Review regarding: \_\_\_\_\_

### Medication Review/Consultation

*(Recommendations will be returned to referring HCP by CDE)*

- A1c Target (individualized for pt): \_\_\_\_\_
- Oral medication review
  - Insulin start assessment/preparation
  - Insulin optimization assessment (adding mealtime)

### Starting/intensifying insulin/GLP1:

- Basal Insulin/GLP1 Start (\*orders required)
- Type \_\_\_\_\_ Dose \_\_\_\_\_ Timing \_\_\_\_\_
- Adjust insulin by \_\_\_\_\_ units q \_\_\_\_\_ days until FBG < \_\_\_\_\_
- Adjust GLP1 to \_\_\_\_\_ mg in \_\_\_\_\_ week(s)
- Prandial/PreMix Insulin Start/Change
- Type \_\_\_\_\_ Dose \_\_\_\_\_ Timing \_\_\_\_\_
- Titrate/adjust: \_\_\_\_\_
- titrate/adjust at discretion of CDE
- OHAs: \_\_\_\_\_
- Unchanged  Change to: \_\_\_\_\_

**Recent Hospitalization**

Diabetes medication changes at discharge: \_\_\_\_\_

**Other notes:**

- Barriers to Learning:**
- Language barrier \_\_\_\_\_
  - Cognitive deficit
  - Hearing impairment
  - Visual impairment
  - Unstable mental illness
  - Other (specify): \_\_\_\_\_

**Physician Signature:**

**Office Use Only:**

Date received (dd/mm/yy): \_\_\_\_\_

Date triaged (dd/mm/yy): \_\_\_\_\_ Initials: \_\_\_\_\_

Appointment type: \_\_\_\_\_

## Adult Diabetes Education Centre – RJH

Phone: 250-370-8322

Fax: 250-370-8357

The Diabetes Education Centre provides education and support to adults (age 18+) who have Diabetes or Prediabetes. Education is offered in the form of groups and individual appointments. This education is appropriate for people with newly diagnosed Diabetes or Prediabetes, as well as those who need ongoing support and follow-up. Initial entry to the program is mainly by referral from physician or health care professional (HCP). The family physician remains responsible for medical care of the patient.

### **Programs Offered:**

#### Initial Teaching/Education:

Introductory self-management education for individuals newly diagnosed with Diabetes or Prediabetes.

#### Blood Glucose Meter/Continuous Glucose Monitoring (CGM) Training/Certification

Education re: use of a home BG monitor, BG targets, testing frequency, certification for Pharmacare coverage of BG test strips; CGM training/assessment, education re: glucose pattern analysis.

#### Review

Follow up education or review re: topics such as meal planning/nutrition, carbohydrate counting, exercise, medication management, blood glucose monitoring, insulin, foot care, preventing complications, blood pressure management. Booked upon request of client/educator/HCP.

#### Medication Review/Consultation

*Oral medication review:* For patients not at their glycemic target or with unstable glycemic control with current therapy

*Insulin start assessment/preparation:* Recommendations will be returned to referring physician via consult note or via Prescription Tool (with approval/signature this can serve as an order to start insulin on following appointment, and patient prescription)

*Insulin optimization assessment:* Patient assessment/preparation for adding mealtime insulin; Recommendations returned to referring HCP for approval and re-referral with signed order for initiation

Starting/intensifying insulin/GLP1: For physicians prepared to initiate/optimize injection therapy: Education re: safe administration of insulin/GLP1, and medication adjustment as indicated. **Orders required.**

#### Insulin Pump CGM start/review

Education on insulin pumps and continuous glucose monitoring system training: Order required for transitioning from basal/bolus insulin regimens.

### **Diabetes in Pregnancy**

Victoria General Hospital – CFAU

Phone: 250-727-4266

Fax: 250-727-4168

Referral for this service has been removed from this Draft Referral form. Please use previous form until revised.

### **Paediatric Diabetes Program**

Victoria General Hospital – Pediatric Unit

Phone: 250-727-4266

Fax: 250-727-4221

Diabetes education for children (up to their 18<sup>th</sup> birthday) and their families:

**Refer on VIHA Inpatient/Outpatient Referral.**