

Outpatient Referral to Diabetes Education

REF20

Is this an Adult or Pediatric Referral?

If Adult:

Reason(s) for Referral:

☐ Type 1 Diabetes

Reason for Referral:

Type of Referral:

☐ Inability to Manage Disease

☐ Insulin Change

☐ Insulin Pump Education

☐ Nutritional Education

☐ Preconception Counselling

☐ Other

Please Specify:

What Insulin Change is Required? (include medication and units):

☐ Type 2 Diabetes

Reason for Referral:

Type of Referral:

☐ Inability to Manage Disease

☐ Injectable Hyperglycemics

☐ Insulin Change

☐ Nutritional Education

☐ Preconception Counselling

☐ Uncontrolled Diabetes

☐ Other

Please Specify:

What Insulin Change is Required? (include medication and units):

☐ **Diabetes in Pregnancy**

Reason for Referral:

How Many Weeks Pregnant:

☐ **Gestational Diabetes**

Reason for Referral:

How Many Weeks Pregnant:

Type of Referral:

☐ General Diabetes Education

☐ Insulin Change

☐ Nutritional Education

☐ Hypoglycemic Agents

☐ Insulin Initiation

☐ Other

☐ **Steroid Induced Diabetes**

Reason for Referral:

Type of Referral:

☐ General Diabetes Education

☐ Injectable Antihyperglycemic Agents

☐ Nutritional Education

☐ Other

Please Specify:

If Pediatric:

Reason(s) for Visit:

☐ **Type 1 Diabetes**

Reason for Referral:

Reason for Referral:

☐ Inability to Manage Disease

☐ Insulin Pump Education

☐ Preconception Counselling

☐ Insulin Change

☐ Newly Diagnosed T1DM

☐ Other

☐ **Type 2 Diabetes**

Reason for Referral:

Reason for Referral:

- ☐ Inability to Manage Disease
- ☐ Insulin Change
- ☐ Nutritional Education
- ☐ Other

- ☐ Injectable Antihyperglycemics
- ☐ Newly Diagnosed T2DM
- ☐ Uncontrolled Diabetes

☐ **Gestational**

Reason for Referral:

How Many Weeks Pregnant:

Reason for Referral:

- ☐ General Diabetes Education
- ☐ Insulin Change
- ☐ Newly Diagnosed Diabetic
- ☐ Other

- ☐ Hypoglycemic Medication
- ☐ Insulin Initiation
- ☐ Nutritional Education

☐ **Diabetes in Pregnancy**

Reason for Referral:

How Many Weeks Pregnant:

Reason for Referral:

- ☐ Type 1 Diabetes
- ☐ Type 2 Diabetes

☐ **Steroid Induced**

Reason for Referral:

Reason for Referral:

☐ General Diabetes Education

☐ Nutritional Education

☐ Injectable Antihyperglycemic

☐ Other

Referral Type:

☐ New Referral

☐ Update to Existing Referral