

**Community Diabetes Education Programs of Ottawa – Referral Form**

**Diabetes Central Ottawa**  
Intake & Referral

**PLEASE FAX TO 613-774-7235** (Toll-free: 1-833-384-9993)

TEL: 613-238-3722 (Toll-free: 1-833-338-3722) [www.diabetesottawa.ca](http://www.diabetesottawa.ca)

(Children ≤ 17 years diagnosed with diabetes refer immediately to CHEO 613-737-7600 \*0 and ask for diabetes physician on call)

CLIENT LAST NAME: \_\_\_\_\_

Stamp:

CLIENT FIRST NAME(S): \_\_\_\_\_

GENDER:  M  F  Other: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(YYYY) (MM) (DD)

INDIGENOUS  CURRENTLY PREGNANT

ADDRESS: \_\_\_\_\_  
(#, Street, Apartment, City, Province, Postal Code)

TELEPHONE #: ( ) \_\_\_\_\_ OTHER #: ( ) \_\_\_\_\_ Alternate Contact person: \_\_\_\_\_

CLIENT PREFERS SERVICES CLOSER TO  Home **OR**  Work/Other (provide location): \_\_\_\_\_

DIAGNOSIS:  Prediabetes **or**  Type 2 Diabetes

DURATION OF DX:  New Dx  1-5 yrs  5+ yrs

PREFERRED LANGUAGE OF SERVICE:

English  French  \*Other: \_\_\_\_\_  
 Interpreter required (check box) (\*specify language)

**Please note:** The Community Diabetes Education Programs of Ottawa *do not* provide group education or insulin initiation to clients with Type 1 Diabetes.

Type 1 Diabetes

Question for Type 1 Diabetes: Is client seen by a diabetes specialist?  Y  N

If yes, please provide name of specialist: \_\_\_\_\_

**SERVICES REQUESTED / MAIN REASON FOR REFERRAL**

Diabetes Education and Support  
*Appropriate for Group?*  Y  N \_\_\_\_\_  
 \*Insulin Initiation  \*Insulin and/or Medication Adjustment  
**\*Please attach labs and complete orders below.**

**CHALLENGES THAT MAY IMPACT LEARNING OR SERVICES REQUESTED**

cognitive impairment  developmental challenges  
 non-insured  no MD/NP  
 mobility issues  problematic drug/alcohol use  
 homeless/marginal housing  literacy  
 mental health challenges: \_\_\_\_\_  
 other: \_\_\_\_\_

**MEDICAL HISTORY / RISK FACTORS**  Attached

**CURRENT MEDICATIONS**  Attached (name/dose/frequency)

**RECENT LAB RESULTS**  Attached (HbA1c, FBG, eGFR, ACR, Lipids)

**INSULIN INITIATION\*** Insulin type: \_\_\_\_\_ Dose / Time: \_\_\_\_\_

**GLP - 1 INITIATION / ADJUSTMENT\***

**Titration Orders:** Increase by \_\_\_\_ unit(s) at \_\_\_\_\_ (time) every \_\_\_\_\_ (night/day)  
until \_\_\_\_\_ (am/pm/hs) readings are consistently under \_\_\_\_\_ (glycemic targets).

Type: \_\_\_\_\_

Discontinue Oral Medication(s)?  N  Y (*Specify*): \_\_\_\_\_

Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Titration Orders:

**INSULIN ADJUSTMENT\*** (*Must be completed to allow educator to teach insulin dose adjustment*)

Insulin type: \_\_\_\_\_ Dose: \_\_\_\_\_ Insulin type: \_\_\_\_\_ Dose: \_\_\_\_\_

Check box to allow Diabetes Educator to teach insulin dose adjustment by 1-2 units/up to 10% daily insulin dose

**\*Physician / NP Signature required for Insulin or GLP-1 Orders above:** \_\_\_\_\_

**(PLEASE SIGN HERE ↑)**

**ADDITIONAL COMMENTS / SPECIAL INSTRUCTIONS**

**REFERRING PROVIDER (or Stamp)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_