Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Hôpital Hotel Dieu Hospital

KGH Hôpital Général de Kingston General Hospital

Hotel Dieu Hospital - 166 Brock St., Kingston ON K7L 5G2
Tel: (613) 544-3400 x 3590, Fax: (613) 544-4499

DIABETES EDUCATION & MANAGEMENT CENTRE REFERRAL FORM

For Insulin Pump Initiation please refer to an Endocrinologist at the Kingston General Hospital or Hotel Dieu Hospital.

Date of referral (YYYY/MM/DD): _____

Last name: _____ First name: _____

Address: _____

_____ Postal Code: _____

Home phone: _____ Work/Alternate phone: _____

Date of birth (YYYY/MM/DD): _____/_____/_____ Sex: M F Family Physician: _____

Health Card #: _____ Version code: _____ Expiry date (YYYY/MM/DD): _____/_____/_____

Type of Diabetes: (check one)
❒ Type 1
❒ Type 2
❒ Pre-diabetes

Duration of Diabetes: _____

Usual range of blood sugars: _____ mmol/L to _____ mmol/L

Current Medications *(include all insulins and/or antihyperglycemic medication):*

Name	Dose	Frequency

PLEASE ATTACH RESULTS OF SPECIFIC RELEVANT LAB TESTS:
Fasting Blood Glucose, A1C, Lipids, Albumin Creatinine Ratio

Type of service requested:

❒ Group program ❒ Individual counseling with Dietitian ❒ Individual counseling with Nurse ❒ Social Worker

Please indicate if there are any barriers for your patient to receive group teaching:

_____

For patients being started on insulin or already on insulin:
Diabetes Educators may adjust insulin dosages based on KHSC Medical Directives.

URGENCY OF REFERRAL: (check one)

❒ **1 Emergency** – within 48 hrs (New Type 1, Blood Glucose >20 mmol/L, Recent Diabetic Ketoacidosis or Severe Hypoglycemia)
❒ **2 Semi-urgent** – within 1 month
❒ **3 Non-urgent**

REFERRED BY: (please print) _____

DESIGNATION SIGNATURE: _____