Alberta Health Services

Diabetes Centre Educator Referral

Last Name	
First Name	
PHN#	Address
Birthdate *(dd-Mon-yyyy)*	Phone Number

Fax completed referral form to (403) 476-9626 or call (403) 955-8118

Date *(yyyy-Mon-dd)*

Referral Information

Reason for Referral

☐ Insulin start (specific orders must be provided by referral source)

☐ Medication adjustment (may include education about carbohydrate counting, insulin to carb ratio etc.)

Medication adjustment includes:

- Diabetes educator may adjust medications or make recommendations according to guidelines
- Referring physician will be contacted if medication has been adjusted substantially
- Referring physician will be notified at least every 2 months during therapeutic adjustment time
- Periodic lab glucose values to validate patient blood glucose testing equipment and technique
- HbA1C testing every 3 months if not done by referring physician

☐ Insulin pump therapy

☐ Other *(specify)* _____

☐ Type 1 Diabetes

☐ Type 2 Diabetes

Date of Diagnosis *(yyyy-Mon-dd)* _____

HgbA1c_____ Date *(yyyy-Mon-dd)* _____

Medications *(list all)*	Factors that may affect learning *(check all that apply)*
	☐ Language spoken *(specify)* _____ ☐ Psychological *(specify)* _____ ☐ Economic *(specify)* _____ ☐ Other *(specify)* _____

Referral Source

Referring Physician/ Nurse Practitioner	Referring Prac ID	PCN
Address	Phone	Fax
Family physician (if different)	Family Prac ID	PCN
Physician's signature	Date *(yyyy-Mon-dd)*	Pager or contact number