



Goderich Site
 Alexandra Marine and General Hospital
 120 Napier Street
 Goderich, ON N7A 1W5
 T 519-524-8323 | F 519-524-8504

Exeter Site
 South Huron Hospital Association
 24 Huron Street West
 Exeter, ON N0M 1S2
 T 519-235-2700 | F 519-235-3405

Diabetes Education: Clinical Nutrition and Diabetes Education Referral

- Alana Jolley Registered Nurse, Ext 5610
 - Yvonne MacRae Registered Dietitian, Certified Diabetes Educator, Ext 5611
- For Appointments call Ext 5612

Name:			Referral Date:		
Address:			Diagnosis: <input type="radio"/> metabolic syndrome <input type="radio"/> IFG or <input type="radio"/> IGT <input type="radio"/> Type 2 diabetes mellitus <input type="radio"/> Type 1 diabetes mellitus		
Phone # (Home) _____ (Work) _____			DOB _____ Day / Month / Year		
REASON FOR REFERRAL – COMMENTS / SPECIAL INSTRUCTIONS					
Note: for insulin starts/insulin change – notify Diabetes Nurse Educator directly.					
RECENT LABORATORY RESULTS (WITHIN LAST 3 MONTHS)					
TEST	DATE	RESULT	TEST	DATE	RESULT
FBG			Cholesterol		
RBG			LDL Chol.		
HgbA1C			HDL Chol.		
Microalbuminuria			Triglycerides		
Recent BP			Weight		
Abdominal girth			Other		
Oral GTT (for Gestational only)			Date _____ (YYYY/MM/DD)		
FBG -			½ hr - 1 hr - 1 ½ hr - 2 hrs - 3 hrs -		
<u>Medication</u> Insulin (name, type, dose) and/or Oral Agents (name, dose)					
<u>Medical History</u>					
Other Medications Affecting Diabetes Control - _____					
Other Relevant Health Problems					
<input type="radio"/> Coronary		<input type="radio"/> Hypertension		<input type="radio"/> Dyslipidemia	
<input type="radio"/> Smoker		<input type="radio"/> Foot Problems		<input type="radio"/> Neuropathy	
<input type="radio"/> Overweight		<input type="radio"/> Exercise Restrictions _____		<input type="radio"/> Renal	
				<input type="radio"/> Retinopathy	
				<input type="radio"/> Psychosocial	
				<input type="radio"/> Nephropathy	
				<input type="radio"/> Other _____	
_____ Physician Signature			_____ OHIP Billing #		_____ Family Physician