

Diabetes Education Referral Form

I wish to refer D.O.B/...../.....
 to Healthy Living NT Diabetes Education Centre

Client address

Diabetes: (1) Type 1 Date of Diagnosis/...../.....
 (2) Type 2
 (3) Gestational
 (4) Impaired Glucose Tolerance
 (5) Other

Current Diabetic Rx	Random BGL
	G.G.T
	Fasting
	1 Hour
	2 Hour

Diabetes Complications Identified

- ♦ Retinopathy
- ♦ Neuropathy
- ♦ Vascular Disease (Cardiac, Peripheral)
- ♦ Renal Disease

Other Health Problems	Other Medications

Recent Investigations (or arranged - copy to follow) Date of Test/...../.....

Fasting Chol Trig LDL Chol HDL Chol HbA1C
 BP ACR

Any Special Requests

Doctor's Name Doctor's Signature
 Doctor's Stamp Date/...../.....

Provider Number

