

# Diabetes Education Referral Form

I wish to refer ..... D.O.B ...../...../.....

### To your Diabetes Education Centre

Date of Diagnosis ...../...../.....

- Diabetes: (1) Type 1  
 (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

