

DIABETES EDUCATION OUTPATIENT PROGRAM REFERRAL

Patient Name (last) _____
 (first) _____
 DOB (dd/mmm/yyyy) _____
 PHN _____ MRN _____
 Account / Visit # _____
IH USE ONLY

Patient Name _____
 Date of Birth (dd/mmm/yyyy) _____ Preferred Name _____
 Phone (Primary) _____ Phone (Alternate) _____ PHN _____
 Address _____
 Primary Care Provider _____ Referred by _____
 Primary Language _____ Interpreter Requested: ☐ Yes ☐ No

☐ Routine ☐ Self-Referral ☐ High Priority
 Appropriate for group teaching? ☐ Yes ☐ No

Diabetes labs completed within the last 3 months - FPG, HbA1C, Cr/eGFR, Urine ACR, Lipids, (OGTT – required for Gestational Diabetes)
☐ Yes
☐ No – please provide lab requisition for patient to complete

Diabetes Diagnosis Information	Reason for Referral (please complete below or include letter)
☐ New Diagnosis ☐ Pre-Existing (check all that apply) ☐ Pre-Diabetes (FPG 6.1 – 6.9; OGTT 7.8 – 11.0; A1C 6.0 – 6.4%) ☐ Type 2 (FPG > 7.0; OGTT > 11.1; A1C > 6.5%) ☐ Type 1 ☐ Pediatric ☐ Steroid-induced Hyperglycemia ☐ Other	
Diabetes in Pregnancy (include antenatal record) GDM Algorithm ☐ Gestational Diabetes ☐ Pre-Existing Diabetes Type 1 ☐ Pre-Existing Diabetes Type 2	
Diabetes Management Request (check all that apply) ☐ Diabetes Education – individual or classes ☐ Pediatric Diabetes Clinic ☐ Insulin Start (attach prescription with orders) ☐ Diabetes Physician Specialist referral (Referring Practitioner MSP # _____) ☐ Insulin Adjustment by Clinician	
Relevant Medical History (please list or attach)	Current Medications (please list or attach)

ABBREVIATIONS: ACR = Albumin Creatinine Ratio eGFR = estimated Glomerular Filtration Rate OGTT = Oral Glucose Tolerance Test
 Cr = Creatinine FPG = Fasting Plasma Glucose

Date (dd/mmm/yyyy)	Time (24 hour)	Physician Name	Signature	Initials	College ID #
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Permanent part of the health record

Location	Phone	Fax	Adult Diabetes	Pediatric Diabetes	Pediatric Diabetes Physician Specialist	Gestational Diabetes	Adult Diabetes Physician Specialist
EK – East Kootenay							
Cranbrook Diabetes Clinic	250-489-6414 Ext. 1	250-489-6420	X	X	X	X	X
Creston Diabetes Clinic	250-428-3873	250-428-3601	X		X	X	X
Elk Valley Diabetes Clinic	250-425-4505 Ext. 6	250-425-2313	X			X	X
Golden Diabetes Clinic	250-344-3008	250-344-2817	X		X	X	X
Invermere Diabetes Clinic	250-342-2305	250-342-2373	X			X	X
Kimberley Diabetes Clinic	250-427-2215 Ext. 1	250-427-7389	X			X	X
KB – Kootenay Boundary							
Castlegar Diabetes Clinic	250-364-6292	250-364-6290	X	X		X	
Grand Forks Diabetes Clinic	250-364-6292	250-364-6290	X	X		X	
Nelson Diabetes Clinic	250-352-3111 Ext. 42322	250-352-6273	X	X	X	X	X
Trail Diabetes Clinic	250-364-6292	250-364-6290	X	X	X	X	X
OK – Okanagan							
Kelowna Diabetes Clinic	250-980-1405	250-980-1510	X	X	X (Separate Referral)	X	X
Oliver Diabetes Clinic	250-498-5080	250-770-3470	X			X	
Osoyoos Diabetes Clinic	250-495-6433	250-770-3470	X			X	
Penticton Diabetes Clinic	250-770-3530	250-770-3470	X	X	X	X	X
South Similkameen Diabetes Clinic	250-499-3000	250-770-3470	X			X	
Summerland Diabetes Clinic	250-404-8000	250-770-3470	X			X	
Vernon Diabetes Clinic	250-558-1210	250-503-3722	X	X	X	X	X
TCS – Thompson Cariboo Shuswap							
100 Mile Diabetes Clinic	250-395-7676	250-395-7451	X			X	
Ashcroft Diabetes Clinic	250-453-2211	250-453-1926	X			X	
Barriere Diabetes Clinic	250-672-9731	250-314-2198	X				
Chase Diabetes Clinic	250-679-1400	250-679-5329	X				
Clearwater Diabetes Clinic	250-674-2244	250-314-2198	X				
Lillooet Diabetes Clinic	250-256-4233	250-314-2198	X			X	
Logan Lake Diabetes Clinic	250-523-9414 Ext. 2	250-378-3287	X				
Merritt Diabetes Clinic	250-378-3236	250-378-3287	X			X	X
Kamloops RIH Diabetes Clinic	250-314-2457	250-314-2198	X	X	X	X	X
Revelstoke Diabetes Clinic	250-814-2276	250-814-2285	X	X		X	
Salmon Arm Diabetes Clinic	250-833-3636 Ext. 34359	250-833-4111	X	X		X	X
Williams Lake Diabetes Clinic	250-305-4076	250-302-3273	X			X	