



**SOUTHWEST ONTARIO ABORIGINAL HEALTH ACCESS CENTRE**  
GANAAAN DE WE O DIS ^YETHI YENAHWAHSE

## Diabetes Education Referral Form

**Indicate Referral Location:**

- London: 425-427 William St. London, ON N6B 3E1 Tel: 519-672-4079 Fax: 519-672-6945  
 Chippewa of the Thames: 4 Anishinaabeg Dr. Muncey, ON, P.O. Box 426 N0L 1Y0 Tel: 519-289-0352 Fax: 519-289-0355

Date of Referral: \_\_\_\_\_

Clients Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Services Requested:**  Type 2 Education  Pre-Diabetes (IGT/IFG) Education  Foot Care  
 Type 2 Insulin initiation (see below)  Other: \_\_\_\_\_

**Current Medications:** \_\_\_\_\_  
\_\_\_\_\_

**Recent Labs:** \_\_\_\_\_  Attached

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

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**For Clients being started on insulin:**

Type of insulin:  NPH/N  Levemir  Lantus  other: \_\_\_\_\_

Starting Dose: \_\_\_\_\_

Will you allow the Diabetes Educators to adjust insulin dosages?  Yes

No: *please indicate titration orders:* \_\_\_\_\_

Discontinue TZD?  Yes  No When? \_\_\_\_\_

Physician Signature: \_\_\_\_\_