

ADULT REFERRAL FORM

Name _____
 Address _____
 City & Postal Code _____
 Health Card # _____

DOB (D/M/Y) _____
 Telephone _____
 Next Of Kin or _____
 Contact Person _____

DIAGNOSIS	Type of Diabetes:	Date of Diagnosis:	EDD:
MEDS	Diabetes Agents:	Insulin:	Other:
	Date Initiated:	Date Initiated:	
MEDICAL HISTORY	<input type="checkbox"/> Hypertension <input type="checkbox"/> CKD <input type="checkbox"/> CAD/ MI <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> CHF	<input type="checkbox"/> CVA <input type="checkbox"/> Recurrent UTIs <input type="checkbox"/> GI Disorder <input type="checkbox"/> Retinopathy <input type="checkbox"/> Neuropathy	<input type="checkbox"/> Thyroid disease <input type="checkbox"/> Other
PSYCHOSOCIAL RISK FACTORS	<input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Misuse <input type="checkbox"/> Smoking	<input type="checkbox"/> Illiteracy <input type="checkbox"/> Food Insecurity <input type="checkbox"/> Housing Insecurity	<input type="checkbox"/> Other:
LEVEL OF MOTIVATION	<input type="checkbox"/> High <input type="checkbox"/> Average	<input type="checkbox"/> Low <input type="checkbox"/> Nil	Comment:
LAB WORK	<input type="checkbox"/> A1C ____ <input type="checkbox"/> Random Glu ____ <input type="checkbox"/> Fasting Glu ____	<input type="checkbox"/> eGFR ____ <input type="checkbox"/> MAU ____ <input type="checkbox"/> ACR ____	Other:
INDIVIDUALIZED GLUCOSE TARGETS	A1C target: _____ Target Glucose Range: _____		
REPORT PREFERENCES	<input type="checkbox"/> I require manually faxed reports from appointments as <u>I do not subscribe to the Autofax system</u>		
MEDICAL AUTHORIZATION	<input type="checkbox"/> I authorize the certified diabetes educator to teach the patient to self-adjust insulin by up to 10% of the total daily dose and to decrease dose by up to 50% for hypoglycemia prevention <input type="checkbox"/> I authorize the certified diabetes educator to dispense samples of ordered insulin to the patient		

Comments: _____

Physician's Name _____

Date: _____ Referred By: _____

Physician's Signature _____

Diagnosis of Diabetes Mellitus

A confirmatory laboratory glucose test (FPG, CPG or a 2 hour PG in a 75-g OGTT) must be done on another day. It is preferable that the same test be repeated (in a timely fashion), but a random PG in the diabetes range in an asymptomatic individual should be confirmed with an alternate test. In the case of symptomatic hyperglycemia, the diagnosis has been made and a confirmatory test is not required before treatment is initiated.

In individuals in whom type 1 diabetes is likely (younger or lean or symptomatic hyperglycemia, especially with ketonuria or ketonemia); confirmatory testing should not delay initiation of treatment to avoid rapid deterioration.

FPG \geq 7.0 mmol/L

Fasting = no caloric intake for at least 8 hours

OR

A1C \geq 6.5% (in adults)

Using a standardized, validated assay in the absence of factors that affect the accuracy of the A1C and not for suspected type 1 diabetes

OR

2hPG in a 75g OGTT \geq 11.1 mmol/L

OR

Random PG \geq 11.1 mmol/L

Random=any time of the day, without regard to the interval since the last meal.

Test	Result (mmol/L)	Dysglycemia Category
FPG (mmol/L) No caloric intake for at least 8 hours	6.1 – 6.9	IFG
	\geq 7.0	Diabetes
2hPG in a 75g OGTT (mmol/L)	7.8 – 11.0	IGT
	\geq 11.1	Diabetes
A1C (%) Standardized, validated assay, in the absence of factors that affect the accuracy of the A1C and not for suspected type 1 diabetes	6.0 – 6.4	Prediabetes
	\geq 6.5	Diabetes
Random PG (mmol/L)	\geq 11.1	Diabetes

Gestational Diabetes Mellitus (GDM)

All pregnant women should be screened for GDM at 24 to 28 weeks of gestation. If there is a high risk of GDM based on multiple clinical factors, screening should be offered at any stage in the pregnancy. If the initial screening is performed before 24 weeks of gestation and is negative, rescreen between 24 and 28 weeks of gestation.

Preferred Approach

50 g glucose challenge test (GCT) with plasma glucose (PG) 1 hour later

< 7.8 mmol/L → normal. Reassess at 24-28 weeks if tested earlier

7.8-11.0 mmol/L → 75 g oral glucose tolerance test (OGTT), measure fasting PG, 1h PG, 2h PG

\geq 11.1 mmol/L → Gestational diabetes

75 g OGTT, measure fasting PG, 1h PG and 2h PG

Fasting PG - \geq 5.3 mmol/L

1h PG - \geq 10.6 mmol/L

2h PG - \geq 9.0 mmol/L

Gestational diabetes is diagnosed if one value is met or exceeded.

Alternative Approach

75 g oral glucose tolerance test (OGTT), measure fasting PG, 1h PG and 2h PG

Fasting PG - \geq 5.1 mmol/L

1h PG - \geq 10.0 mmol/L

2h PG - \geq 8.5 mmol/L

Gestational diabetes is diagnosed if one value is met or exceeded.

* Please note that a referral to the DEC may include attendance at education modules taught by the following health care professionals: physician, pharmacist, chiroprapist.

References:

Diabetes Canada Clinical Practice Guidelines Expert Committee. *Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada*. Can J Diabetes. 2018;42 (Suppl 1):S1-S325.