



Renfrew County Diabetes Education Program

Patient Identification Area

Renfrew County Diabetes Education Program				TEL: 1-855-293-7838				FAX: 1-855-293-7839			
Patient Name:				DOB:				Home #:			
Address:								Cell #:			
								Email:			
Family Physician or NP?: <input type="checkbox"/> YES _____ <input type="checkbox"/> NO								HCN & VC:			
Reason For Referral:		<input type="checkbox"/> Pre-Diabetes		<input type="checkbox"/> Type 1		<input type="checkbox"/> Type 2					
RELEVANT MEDICAL HISTORY:											
<input type="checkbox"/> Cardiovascular Disease			<input type="checkbox"/> Diagnosed < 6 M			<input type="checkbox"/> Frequent Hypoglycemia			<input type="checkbox"/> Recent DKA		
Recent Lab Data		DATE	FBG	A1C	TG	HDL	LDL	RATIO	EGFR	ACR	
<input type="checkbox"/> ATTACHED											
Medications/Vitamins: <input type="checkbox"/> LIST ATTACHED											
Referring Practitioner:						Phone:			Fax:		
<input type="checkbox"/> Adjust Insulin(s) And/Or GLP-1 to Current Diabetes Canada Clinical Practice Guidelines OR: _____											
<input type="checkbox"/> Adjust Oral Anti-hyperglycemic(s) to Current Diabetes Canada Clinical Practice Guidelines OR: _____											
Preferred Clinic Location: <input type="checkbox"/> Closest To Home						<input type="checkbox"/> Other: _____					
Patient is Appropriate for Group Learning: <input type="checkbox"/> YES <input type="checkbox"/> NO											
Signature:						Date:					