PROVINCIAL DIABETES CENTRE REFERRAL FORM

Diabetes Contact Information: (Diabetes Centres in Nova Scotia. pdf (nsheath.ca)) or scan QR code

- We do not accept referrals for pre-diabetes for adults. Direct to NS Health Wellness Programs. (www.healthyns.ca)
- In addition to referral, all adults with diabetes can be directed to online self-management support. (www.diabetesns.ca)

❑ Guardian/Substitute Decision Maker: _____

❑ Interpreter Required - Language: _____ ❑ Group not appropriate (reason): _____

❑ Type 1 (T1D) ❑ Type 2 (T2D) ❑ Not Yet Determined ❑ Other Type: _____

Date of Diagnosis if Newly Diagnosed (YYYY/MON/DD): _____

Send diagnostics and/or recent labs: A1C: _____ Fasting glucose: _____ Random glucose: _____

Date: _____ (YYYY/MON/DD) Date: _____ (YYYY/MON/DD) Date: _____ (YYYY/MON/DD)

- Diagnosis requires confirmatory test on a different day, unless symptomatic.
- Use glucose for diagnosis in children and youth, or anyone suspected of T1D, not A1C.
- If T1D is suspected, do not delay diagnosis - dip urine and refer immediately to pediatrics (under 16 years) or to emergency (16 years and over, or if pediatrics unavailable). Consider T1D with rapid onset of symptoms.

❑ Pregnancy T1D ❑ Pregnancy T2D; Weeks Gestation: _____

❑ Gestational Diabetes Mellitus (GDM), **early screening** (before 20 weeks by A1C and/or fasting glucose)

❑ GDM, **routine screening** (24-28 weeks by 50-g glucose challange test [GCT] or 75-g oral glucose tolerance test [OGTT])

❑ No diabetes medication ❑ Oral antihyperglycemic agent (AHA) ❑ Injectable AHA ❑ Insulin ❑ Insulin pump

❑ Continuous glucose monitor/sensor (CGM)

Urgent: Benchmark 72 hours

Diabetes Centre hours vary, DO NOT DELAY CARE.

❑ Newly diagnosed T1D

❑ Pregnancy with pre-existing diabetes

❑ Recent hyperglycemic crisis (diabetic ketoacidosis [DKA] or hyperosmolar hyperglycemic state (HHS) not at diagnosis

❑ Recent diagnosis of diabetes complications

❑ Urgent insulin initiation (symptomatic/metabolic decompensation)

❑ Severe/recurrent hypoglycemia, loss of consciousness, or seizure

❑ Glucose above 20 mmol/L or A1C above 10% and symptomatic

Routine

❑ Insulin start, **order required** Insulin Start Order Form
Diabetes Patient Prescription

❑ Insulin pump preparation

❑ Recommendations for medication optimization

❑ Self-management education and support

❑ Other: _____

Insulin Dose Adjustment

- Provided for all referrals on or starting insulin ❑ **OPT-OUT**

Laboratory Requisition

- Provided by DC ❑ **OPT-OUT**; Authorized prescriber will order

Comments and Special Instructions

Authorization: Authorized prescriber (AP) signature required for insulin dose adjustment and laboratory ordering.

Name (print):		REG Number:	
Signature:		Date (YYYY/MON/DD):	

Contact information for collaboration: PHONE: _____ FAX: _____

❑ Check if referring provider is **NOT** the Most Responsible Healthcare Provider (MRHP) for collaboration.

Diagnostic Criteria and Target and Screening Recommendations or scan QR code