# Don Mills Diabetes Education Program

## PROVIDER REFERRAL FORM

Patient Name: Date of Birth: Address: Telephone Number: Preferred Language:

**Patient Diagnosis:**

* **Type 2 Diabetes**
* **Pre-diabetes**

**Provided Services:**

Individual/ group **(**3-or 4-day sessions) education sessions including: Nutrition Counselling, Self-Monitoring of Blood Glucose (SMBG), Self-management support

**□ Initiate/ titrate/ dispense insulin: please complete, sign and fax the Insulin Order Form (See page 2)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Medication/Insulin** | **Dosage** | **Frequency** | **Follow-up instructions:** |
|  |  |  |
|  |  |  |

# Laboratory values: Please write below, or attach the latest results

|  |  |  |  |
| --- | --- | --- | --- |
| FBG: | HDL: | TG: | Micro Albumin: |
| A1C: | LDL: | TC/HDL: | Others: |

**Please specify the A1C target for this patient: %**

|  |  |  |  |
| --- | --- | --- | --- |
| **<6.5** | Adults with T2DM to reduce complications if at low risk of hypoglycemia | **7.1 ---**  **8.5** | Functionally dependent: 7.1- 8.0%  Recurrent severe hypoglycemia/ hypo unawareness or Limited life expectancy or Frail  elderly and/or with dementia: 7.1- 8.5 % |
| **<7.0** | Most adults with T1 or T2 diabetes |

**Other relevant medical conditions:**

Ref: Diabetes Canada Guidelines 2018

Referring Provider: Date: Address: Tel.: Fax:

10 Gateway Blvd Toronto, ON M3C 3A1 Tel # 416.429.4991 x 276

**Fax # 416.422.4124**

5 Fairview Mall Drive Suite 359

Toronto, ON M2J 2Z1

Tel # 416.640.5298 x 416

**Fax # 416.642.2238**

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## INSULIN START / TITRATION / DISPENSING ORDER

Patient Name: Date of Birth:

Kindly complete if you would like insulin titration and/or dispensing support:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Insulin Type** | **Starting Dose** | **Titration Instructions** |
| **Basal** | * Tresiba U-100 ☐ Lantus * Tresiba U-200 ☐ Basaglar * Toujeo SoloSTAR ☐ Levemir * Toujeo DoubleSTAR ☐ Semglee * Novolin ge NPH ☐ Humulin N | units at ☐ am   * pm | Increase dose by units every day(s) until fasting blood glucose has reached the target of  to mmol/L. |
| **Fixed-Ratio Combination** | * Xultophy * Soliqua | units at ☐ am   * pm | Increase dose by units every day(s) until fasting blood glucose has reached the target of  to mmol/L |
| **Bolus** | * Humalog U-100 ☐ Fiasp * Humalog U-200 ☐ Novolin ge Toronto * NovoRapid ☐ Humulin R * Apidra ☐ Admelog * Trurapi * Kirsty | units at acB  units at acL  units at acD | Increase dose by units every day(s) until pre-meal blood glucose has reached the target of to mmol/L. |
| **Mixed** | * Humalog Mix25 ☐ Novolin ge 30/70 * Humalog Mix50 ☐ Novolin ge 40/60 * NovoMix 30 ☐ Novolin ge 50/50 * Humulin 30/70 | units at am meal  units at pm meal | Increase dose by units every day(s) until pre-meal blood glucose has reached the target of to mmol/L. |

**DM DEP RN and RD can dispense samples of the medications selected above:** ☐ Yes ☐ No

*(Subcutaneous GLP-1 RA medications can also be dispensed with attached prescription).*

**Oral Diabetes Medications:**

Continue: Discontinue:

Provider Signature: Date:

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