



## Regional Diabetes Program

Client \_\_\_\_\_  
 \_\_\_\_\_  
 DOB (dd/mmm/yyyy) \_\_\_\_\_  
 HRN / MHSC \_\_\_\_\_  
 PHIN #: \_\_\_\_\_  
 Place Client Label Here

Client Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Contact Information if different from above (Address and Phone Number)

I have explained this referral and the client is agreeable and aware of the diagnosis on this referral

### Type of Diabetes

Type 2    Type 1    Pre-Diabetes (IFG/IGT)    Gestational Diabetes    Pre-existing diabetes in Pregnancy  
 Pediatric clients are referred to the diabetes education resource for children and adolescents

This client requires a home visit   Reason \_\_\_\_\_

### Diabetes Education Needs Identified (by client and provider)

Grouped by priority level

Level 1 (contact one to three (1-3) days) Very Urgent	Level 2 (contact five to seven (5-7) days) Urgent	Level 3 (contact 7-14 days) Normal
<input type="checkbox"/> New Diagnosis Education <input type="checkbox"/> Newly started <b>Insulin</b> Therapy ○ Insulin adjustment order completed <input type="checkbox"/> Newly started <b>injectable</b> therapy (GLP-1 agonist) <input type="checkbox"/> Prenatal (GDM/T2 Preg) <input type="checkbox"/> Recent discharge from hospital <b>Reason for admission</b>	<input type="checkbox"/> Support with insulin or insulin adjustment ○ Insulin adjustment order completed (required) <input type="checkbox"/> Glucose monitoring education ○ Capillary Blood Glucose Monitoring ○ Continuous Glucose Monitoring (Libre/Dexcom) <input type="checkbox"/> Nutrition Education <input type="checkbox"/> New Diagnosis Pre-diabetes <input type="checkbox"/> Pregnancy Planning	<input type="checkbox"/> Foot Screen <input type="checkbox"/> Retinal Screening <input type="checkbox"/> On-going Education Support <input type="checkbox"/> Physical Activity Education <input type="checkbox"/> Other:

Comments

Name of person completing referral

Signature

Date (DD/MMM/YYYY)

1 North Ave.  
**Flin Flon MB. R8A 1V9**  
 Phone (204) 687-1350  
 Fax (204) 687-8602

11 Cook Ave  
**The Pas MB. R9A 1K4**  
 Phone (204) 623-9650  
 Fax (204) 627-8285

867 Thompson Dr. South  
**Thompson MB. R8N 1Z4**  
 Phone (204) 677-5333  
 Fax (204) 778-1741