



The New  
Women's  
College  
Hospital

**Tridec: Diabetes Self-Management Centre**

76 Grenville Street  
4<sup>th</sup> floor EAST WING  
Toronto, ON  
M5S 1B2

Telephone: 416-323-6170  
Fax: 416-323-6085

Name  
Address

D.O.B.  
OHIP#  
WCH MRN  
Telephone (H)  
(B)

**Diabetes Type and History:**

Type 1  Type 2  Gestational  PCOS  
Duration \_\_\_\_\_ yrs.

**Special Issues:**

Language  Other Needs  Disability  Activity Tolerance  
\_\_\_\_\_

**Significant Medical History:**

Coronary Artery Disease  Neuropathy  
 Hypertension  Thyroid Disease  
 Hyperlipidemia  Depression  
 Peripheral Vascular Disease  Foot/Skin Problems  
 Retinopathy  Other Chronic Illness  
 Nephropathy \_\_\_\_\_

**Laboratory Results:**

Date \_\_\_\_\_ FPG \_\_\_\_\_ 2 hrPG \_\_\_\_\_ A<sub>1</sub>C \_\_\_\_\_  
Date \_\_\_\_\_ Chol \_\_\_\_\_ Trig \_\_\_\_\_ LDL \_\_\_\_\_ HDL \_\_\_\_\_  
Chol/HDL ratio \_\_\_\_\_ TSH \_\_\_\_\_  
Date \_\_\_\_\_ Proteinuria \_\_\_\_\_ Ketonuria \_\_\_\_\_  
Date \_\_\_\_\_ Microalbumin \_\_\_\_\_ Creatinine \_\_\_\_\_ MA/Cr Ratio \_\_\_\_\_  
\_\_\_\_\_ copy of recent lab work attached.

**Appointment may be delayed until lab results have been received.**

**Reason for referral:**

Individual Counselling with diabetes educator  
 Type 1 CHOICES!  
 ADP Pump Program  
 Midlife Women & Type 2  
 Finding Balance  
 Transition Program (Type 1)  
 PCOS Group  
 Type 2 Insulin Group  
 Pregnancy & Pre-Pregnancy Program

**Counselling for:**

Blood Glucose Monitoring  Insulin Adjustment  
 Insulin Initiation  Nutritional Counselling  
 Stress Management  Exercise/Physical Activity  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Medications:**

**Insulin Orders:**

\_\_\_\_\_

initiate insulin  
Breakfast Lunch Dinner Bedtime  
Humalog/NovoRapid \_\_\_\_\_ u - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ u  
Toronto/Regular \_\_\_\_\_ u - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ u  
N \_\_\_\_\_ u - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ u  
Glargine \_\_\_\_\_ u - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ u  
Premix \_\_\_\_/\_\_\_\_ \_\_\_\_\_ u - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ u  
**Insulin Pump** Basal Rates  
\_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_ u/h 1 u = \_\_\_\_\_ g CHO  
\_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_ u/h Correction factor =  
\_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_ u/h 1 u: \_\_\_\_\_ mmol/L  
\_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_ u/h Target BG goal \_\_\_\_\_ mmol/L

My signature authorizes the registered nurse to make  10% or  15% or  no insulin dose adjustments as necessary.

Physician mailing address & telephone/FAX/e-mail:  
\_\_\_\_\_

\_\_\_\_\_  
Physician Signature  
Date: \_\_\_\_\_

Copy to:  
\_\_\_\_\_

Appt. Date \_\_\_\_\_ Time \_\_\_\_\_

For a consultation with an endocrinologist please contact the Endocrine Clinic PH (416)323-6013 FAX (416) 323-6534