



Patient ID

## Referral for in-patient Diabetes Education

**Require 24-48 hours' notice prior to discharge**

**Room \_\_\_\_\_ Bed \_\_\_\_\_**

**Reason for request: (please make all referrals before 3pm)**

- New dx diabetes/meter training
- Inpatient insulin pump use/restart
- Complicated diabetes management
- Hypoglycemia/DKA education/steroid induced DM
- New insulin start (define discharge plan and insulin orders on the green order sheet)
- Change in insulin regimen (complete discharge plan section with new insulin regimen)

**Special instructions: (language barrier, cognitive, dexterity, visual or auditory)**

Explain \_\_\_\_\_

**Referred by:** RN  NP  RD  MD  Endocrinologist  Pharmacist

- **Remember to document discharge insulin orders on the green order sheet prior to referral**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Planned diabetes follow-up:**

- Family MD       Community Endocrinologist       SMH Endocrinologist

\*If the plan is for follow up by a Community Endocrinologist or a SMH Endocrinologist, please send them the additional referral

**Please fax/e-mail this referral to:**

**Tammy Richardson, RN, CDE**

**Clinical Nurse Specialist**

**Phone: 416-864-6165      fax: 416 864-3042      pager: 685-5014**

**Email: richardsont@smh.ca**