

Name _____

DOB (D/M/Y) _____

Address _____

Telephone (Home) _____ (Work) _____

City & Postal Code _____

Next Of Kin or _____

Health Card # _____

Contact Person _____

DIAGNOSIS	Type of diabetes:	Date of diagnosis:	Criteria used for diagnosis: _____ (See Over)	
MEDS	Antihyperglycemic agents: Date initiated:	Insulin: Date initiated:		
	Other:			
MEDICAL HISTORY	Hypertension _____	Retinopathy _____	CHF _____	Other:
	CKD _____	Neuropathy _____	MI _____	
	CAD _____	Thyroid disease _____	CVA _____	
	Dyslipidemia _____	Obesity _____		
PSYCHOSOCIAL RISK FACTORS	Depression _____	Smoking _____	Other:	
	Alcoholism _____	Illiteracy _____		
LEVEL OF MOTIVATION	High _____	Low _____	Comments:	
	Average _____	Nil _____		
Are Individualized Blood Glucose Targets Required? If yes, A1C target _____ CBG Targets _____				

RECOMMENDED LAB WORK FOR DIABETES (Please forward copy of lab work to DEC)	Date _____	Result _____	A1C	Date _____	Result _____	FPG
	_____	_____	Random urine dipstick	_____	_____	RPG
	_____	_____	Random urine ACR	_____	_____	OGTT
	_____	_____	Serum Creatinine	Date _____ Result _____ FPG RPG OGTT		
	_____	_____	eGFR			
	_____	_____	Total Cholesterol-TC			
	_____	_____	LDL-C			
	_____	_____	HDL-C			
	_____	_____	TC:HDL-C			
	_____	_____	TG	_____	_____	FPG
_____	_____		_____	_____	RPG	
_____	_____		_____	_____	OGTT	

Please copy any diabetes related lab work to the OSMH DEC Fax 705-327-9162

Please indicate if you **do not** want your patient with diabetes to receive a blood glucose meter:

Medical Authorization: *please tick one box in each category

- I authorize the diabetes educator (RN /RD), who has successfully completed the insulin adjustment training, to teach the patient to **self adjust insulin** by 2-4 units or 5-10% of the total daily dose and to decrease dose by up to 50% for planned exercise
 I do NOT authorize the certified diabetes educator (RN /RD) to teach the patient to **self adjust insulin**
- I authorize the certified diabetes educator RN/RD to **dispense samples of ordered insulin** to the patient
 I do NOT authorize the certified diabetes educator (RN/RD) to **dispense samples of ordered insulin**

Comments: _____

Date: _____

Referred By: _____

Physician's Name _____

Physician's Signature _____

Diagnosis of Diabetes Mellitus

A confirmatory laboratory glucose test (FPG, CPG or a 2 hour PG in a 75-g OGTT) must be done on another day. It is preferable that the same test be repeated (in a timely fashion), but a random PG in the diabetes range in an asymptomatic individual should be confirmed with an alternate test. In the case of symptomatic hyperglycemia, the diagnosis has been made and a confirmatory test is not required before treatment is initiated.

In individuals in whom type 1 diabetes is likely (younger or lean or symptomatic hyperglycemia, especially with ketonuria or ketonemia); confirmatory testing should not delay initiation of treatment to avoid rapid deterioration.

FPG \geq 7.0 mmol/L

Fasting = no caloric intake for at least 8 hours

OR

A1C \geq 6.5% (in adults)

Using a standardized, validated assay in the absence of factors that affect the accuracy of the A1C and not for suspected type 1 diabetes

OR

2hPG in a 75g OGTT \geq 11.1 mmol/L

OR

Random PG \geq 11.1 mmol/L

Random=any time of the day, without regard to the interval since the last meal.

Test	Result (mmol/L)	Dysglycemia Category
FPG (mmol/L) No caloric intake for at least 8 hours	6.1 – 6.9	IFG
	\geq 7.0	Diabetes
2hPG in a 75g OGTT (mmol/L)	7.8 – 11.0	IGT
	\geq 11.1	Diabetes
A1C (%) Standardized, validated assay, in the absence of factors that affect the accuracy of the A1C and not for suspected type 1 diabetes	6.0 – 6.4	Prediabetes
	\geq 6.5	Diabetes
Random PG (mmol/L)	\geq 11.1	Diabetes

Gestational Diabetes Mellitus (GDM)

All pregnant women should be screened for GDM at 24 to 28 weeks of gestation. If there is a high risk of GDM based on multiple clinical factors, screening should be offered at any stage in the pregnancy. If the initial screening is performed before 24 weeks of gestation and is negative, rescreen between 24 and 28 weeks of gestation.

Preferred Approach

50 g glucose challenge test (GCT) with plasma glucose (PG) 1 hour later

< 7.8 mmol/L → normal. Reassess at 24-28 weeks if tested earlier

7.8-11.0 mmol/L → 75 g oral glucose tolerance test (OGTT), measure fasting PG, 1h PG, 2h PG

\geq 11.1 mmol/L → Gestational diabetes

75 g OGTT, measure fasting PG, 1h PG and 2h PG

Fasting PG - \geq 5.3 mmol/L

1h PG - \geq 10.6 mmol/L

2h PG - \geq 9.0 mmol/L

Gestational diabetes is diagnosed if one value is met or exceeded.

Alternative Approach

75 g oral glucose tolerance test (OGTT), measure fasting PG, 1h PG and 2h PG

Fasting PG - \geq 5.1 mmol/L

1h PG - \geq 10.0 mmol/L

2h PG - \geq 8.5 mmol/L

Gestational diabetes is diagnosed if one value is met or exceeded.

* Please note that a referral to the DEC may include attendance at education modules taught by the following health care professionals: physician, pharmacist, chiroprapist, and physiotherapist.

References:

Canadian Diabetes Association 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. Canadian Journal of Diabetes 2013: 37 (Supplement 1).