

Patient Information and Diabetes Care Update

Name: _____
DOB: _____
Phone Number: _____

HCN: _____

Renal Function: _____

Other information: _____

A1c History	
Date	A1c Result

^ Save time--may fax lab results

Care Plan (MD to use check boxes or fill in)

Desired Insulin Regimen:

- 1** Basal
 Pre-mixed
 Basal-bolus

CDA Glucose Targets:

- 2** Fasting/Pre-prandial...4.0-7.0 mmol/L
Post-prandial.....5.0-10.0 mmol/L
A1C.....≤ 7.0 %

Other Glucose Targets:

___ - ___ mmol/L
___ - ___ mmol/L
___ %

- 3** CDA Time to Achieve Targets:
3 to 6 months

Other Time to Achieve Targets:

Additional Notes: _____

This section provides guidance for insulin therapy based on the recommendations by the Canadian Diabetes Association Clinical Practice Guidelines on Targets for Glycemic Control. Can J Diabetes 37 (2013) S31-S34. Disclaimer: a patient's glucose targets should be individualized as needed.

Referring Physician Information

Name/License Number: _____

Fax Number: _____

Phone Number: _____ Ext: _____

Signature _____

OR Sticker /
Stamp Here

By my signature I understand that my patient will be initiated, titrated, educated and trained on basal and prandial insulin by the clinical pharmacist at Bellwood Pharmacy, according to established policies and procedures. In addition, I grant prescriptive authority for these agents. The clinical pharmacists are working under the supervision/delegation of the referring physician. By my signature, I also require that the pharmacist carry out and fax me a Diabetes MedsCheck and/or Diabetes Follow-up to ensure that insulin is being used safely and effectively.