



## REFERRAL TO DIABETES EDUCATOR (DE) (DOWNTIME FORM)

Please choose Yes (Y) or No (N)

HbA1C > 8.0 %

☐

Newly diagnosed Type 2 diabetes

☐

Diabetic Ketoacidosis (DKA) / Hyperosmolar Hyperglycaemia Syndrome (HHS)

☐

New to SC Insulin Therapy

☐

Change in insulin therapy / regimen

☐

Severe hypoglycaemia (Blood glucose < 3.0 mmol/L)

☐

Recurrent hypoglycaemia (Blood glucose < 4.0 mmol/L, more than 3 episodes)

☐

Persistent raised blood glucose  $\geq$  15.0 mmol/L

☐

**Total Score**

\_\_\_\_\_

\_\_\_\_\_

Name : \_\_\_\_\_

Signature: \_\_\_\_\_

Date & Time: \_\_\_\_\_