



BLACK SWAN  
HEALTH LTD

Referral for insulin initiation and titration by Credentialed Diabetes Educator  
Fax to **9201 0033**

**Patient details:**

Name:  
Address:  
Phone number:  
DOB:  
Gender:

**Insulin Therapy Order:**

Type of Insulin (s):  
Starting / Current Dosage:  
Time and regimen:

Please tick the appropriate box. We are unable to process the request unless one of the boxes is ticked.

Diabetes Educator to manage ongoing insulin adjustments by no more than 2 – 4 units at one time.  
 The referring doctor will manage ongoing insulin adjustment

Target blood glucose range (*please tick*):

<input type="checkbox"/> Fasting:	4 – 6 mmol/L
<input type="checkbox"/> Post Prandial:	4 – 8 mmol/L
<input type="checkbox"/> Other:	Fasting: _____ PP: _____

Current medications:

**Doctor's details**

Name:  
Practice:  
Address:  
Phone number:

**Doctor's Signature:**

**Date:**

Please ensure that all sections have been completed for insulin initiation/adjustment. We are unable to commence service without this information.