



ENDOCRINOLOGY & DIABETES UNIT

Endocrine Clinic: 604-875-3611

Toll-free Phone: 1-888-300-3088, x2868

Fax: 604-875-3231

<http://endodiab.bcchildrens.ca>

**COMMUNITY HEALTH NURSE REFERRAL FORM
FOR CHILDREN WITH HYPOGLYCEMIA**

Name: _____ Date of Birth: _____

Address: _____ PHN: _____

_____ Home Phone: _____

Parents'/Guardian's Names: _____

School Name: _____ School Phone: _____

Address: _____

Diagnosis: non-diabetes-related hypoglycemia Date of Diagnosis: _____

Reason for Referral: to assist student with blood glucose testing, to administer medication as needed, to monitor for and assist in treating hypoglycemia, and to ensure that all meals and snacks are consumed.

Relevant Medical / Social History: _____

Family Doctor: _____ Phone: _____

Pediatrician: _____ Phone: _____

BCCH Pediatric Endocrinologist: _____

Endocrine Clinic Nurse (contact at number above): _____

Doctor Signature: _____ Date: _____

Please note that the following handouts are available on our website:

- [Hypoglycemia in the Endocrine Patient](#)
- [Management of Hypoglycemia in Hyperinsulinism](#)
- [Mini-Dose Glucagon for Preventing Serious Hypoglycemia in Endocrine Patients](#)
- [Glucagon for Severe Low Blood Sugar \(Hypoglycemia\) in Endocrine Patients](#)