



Diabetes Education Referral/ Order Form

Patient Name _____ DOB _____
 Address _____
 Phone: Home _____ Work _____ Cell _____

Pertinent Lab Results:
 Fasting Blood Sugar _____ Random Blood Glucose _____ A1C _____ Microalbumin _____
 Lipid Profile: HDL _____ Low Density Lipids _____ Triglyceride _____

Lab reports to be included (Diabetes test results, OGTT, A1C, and other pertinent findings)
 History and Physical to be included

Pertinent Diagnosis:
 Type 1 Diabetes, Controlled (250.01) Impaired Glucose Tolerance (790.2) Urgent
 Type 1 Diabetes, Uncontrolled (250.03) Gestational Diabetes (648.83)
 Pre Diabetes (790.0) Type 2 Diabetes, Controlled (250.00)
 Pregnancy complicated by preexisting DM (648.03) Due Date: _____
 Type 2 Diabetes, Uncontrolled (250.02) Other: _____

Current Medication List: (Please Check)
 Oral Diabetes Agents Sensitizer Insulin Antihypertensives Lipid Agent Byetta/Symlin
 Thyroid Hormone Replacement Therapy Chemo/steroids Over the Counter/Herbs
 Other: _____

Need for Diabetes Self-Management Education:
 I certify that diabetes self-management education services are needed under a comprehensive plan for this patient's Diabetes care: (check one or more of the following reasons for patient referral)

- New onset diabetes:** Date of diagnosis _____
- New Gestational Diabetes:** GTT: FBS _____ 1 hr _____ 2 hr _____ 3 hr _____
 EDD: _____ Para _____
- A change in treatment regimen**
 - New diabetes medications: Name/dose _____
 - From oral diabetes medications to insulin
 - Other (equipment, pump, etc.) _____
- Inadequate glycemic control**
 - A1C _____
 - Episodes of severe hypoglycemia or acute hyperglycemia: _____
- High risk for at least one of the following documented complications:**
 - Retinopathy Neuropathy Nephropathy Gastroparesis Hypertension
 - Hyperlipidemia CVD Depression Other: _____
- Pre diabetes-** Teach: _____ Meal Planning information _____ Blood Glucose Monitoring _____

