



Diabetes Education Referral

To schedule fax completed referral form to Central Scheduling. Fax #: (616) 252-0155 Phone #: (616) 252-4461

Patient Name: _____ Physician: _____

DOB: _____ Home Phone #: _____ Work Phone #: _____

Diagnosis

- Type 1 Type 1 uncontrolled Type 2 Type 2 uncontrolled
- Impaired fasting glucose FBS 100 – 126 mg/dL Impaired glucose tolerance RBS 140-200 mg/dL
- GDM Pregnant with pre-existing DM Other _____

Complications/Co morbidities _____

Educational Need

- Comprehensive** Diabetes Self Management Training (9-10 hours of group class)
- Reasons for referral: Recent diabetes diagnosis Poorly controlled diabetes
- Lack of up-to-date self-care knowledge/skills Diabetes complicating pregnancy
- Individual session** Vision/ hearing impaired Limited English Injectable training
- Physical limitations Cognitive impairment other: _____

Medical Nutrition Therapy _____

Diabetes Medications (Current) _____

Insulin or Incretin (Byetta/Symmlin) Instructions/review:

Orders for insulin/or injectable medication _____

Instructions for changes in oral diabetes agents when injectable medication is begun: _____

Intensive Insulin Management **Pre-pump Training** (Appointments with RN and RD 3-6 hours)
Lantus/ Levimer daily + insulin analog or inhaled insulin with food (Novolog/ Humalog/ Apidra/ Exubera)

Lantus/Levemir dose _____ Novolog/Humalog/Apidra : carb ratio _____
Certified Diabetes Educator (CDE) to adjust per protocol Yes No

Recent Lab Results & dates
A1c _____ FBS _____ 1 hr _____ 2 hr _____ 3 hr _____
T. Cholesterol _____ Trig _____ HDL _____ LDL _____
UA _____ Microalbumin _____ Serum Creatinine _____

BP _____ Foot Exam _____ Dilated Eye Exam _____ Flu Shot _____ Pneumococcal Vac _____

Please fax a copy of lab results, referral, and any other pertinent information (Medicare requirement).

Physician Signature _____ **Date** _____

Date of Education (For DM Office use only) _____
Diabetes Office at Metro Health Southwest (616) 252-8339 or (616) 252-8438 Fax # (616) 252-8397
Diabetes Office Breton Health Center (616) 252-4787 Fax # (616) 252-0106