



(Patient Identification)

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)

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



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Management Plan of Care:

Diabetes Outpatient Self-Management, group series:

- Beginners: Adult New to Diabetes
- Beginners: Diabetes Meal Planning and Carbohydrate counting class
- Intermediate level Self Management Class (Parts 1,2,3,4)
- Other: _____
- Advanced: Intensified insulin management (Updating insulin regime, adding basal/bolus therapy)

Diabetes Outpatient Self-Management, individual instruction

- Nursing Nutrition
- Psychosocial issues (Depression – Health Risk Behavior – Regimen Adherence)
- Other _____

Check barrier requiring individual needs INTERPRETER REQUIRED

- Visual Impairment Mental/Psychosocial status Dexterity/Mobility
- Hearing Impairment
- Language _____ (1st Language) Learning

Assist with insulin/Oral diabetes agents management, Intensified Insulin or Pump therapy

Additional Orders: _____

Physician Signature Date Print Name Phone

Fax to: 860-679-8359

**Mail to: UCONN Health Center – Diabetes Program
263 Farmington Ave. Suite C-200
Farmington, CT 06030-6220
UCHC Phone 860-679-8359**

UCONN Staff/Diabetes Education Office Use: Date/Time of Class/Appointment: _____

Patient Did Not Show Rescheduled, Date/Time: _____ Patient Refused