

DIABETES EDUCATION & SERVICES ORDER FORM

Fax to Diabetes Program: (415) 600-6279

Date: _____

PATIENT INFORMATION

Last name: _____ **First:** _____
Date of birth: _____ **SSN:** _____ **Home phone:** _____
Address: _____ **Work phone:** _____ **Cell:** _____
City: _____ **Zip:** _____ **Primary Language:** _____
Insurance Type _____ **Brown & Toland** **Primary MD** _____

1

CHECK DIAGNOSES

- Type 2**
 ___ new diagnosis ___ ongoing
 Hypertension
 Hyperlipidemia
- Type 1**
 ___ new diagnosis ___ ongoing
 Depression
 Gastroparesis
- Prediabetes**
 FBS 100-125 mg/dL; Random 140-199 mg/dL
 Microalbuminuria
 Other:

2

REASON FOR REFERRAL

DIABETES SELF-MANAGEMENT TRAINING BASICS PROGRAM

(10 hours to cover national standards: nutrition / diet, exercise, monitoring, setting goals)

Group classes with individual assessment

Individual education. Requires 1:1, must check both special needs and focus:

(a) ___ Language, ___ Vision, ___ Hearing, ___ Physical, ___ Cognitive; ___ Recent hospitalization
___ Psychiatric; ___ Other:

(b) Focus:

- ___ All standards of care
___ Nutrition/Monitoring
___ Medication (see below)
___ Problem solving (specify):
___ Other/details:

Medication Instruction

Orals: antidiabetic(s): _____

Insulin: Is this a new insulin start? ___ No ___ Yes. If yes, stop orals? ___ Yes ___ No

Insulin orders:

Other:

Prediabetes education (only for FBS 100-125 mg/dL; Random 140-199 mg/dL)

Intensive Insulin Management

___ Advanced carb counting ___ Continuous glucose sensor ___ Insulin pump start

Adult Diabetes Clinic (to be seen by Dr. Karen Earle & multidisciplinary team)

PLEASE FAX RECENT LABS: glucose, A1C, Chem Panel, antibodies and lipids if available.
CDS will perform A1C on initial and 3 month follow-up, capillary glucose as needed, and urine microalbumin.

4

MD SIGNATURE _____

REFERRING MD NAME: _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **UPIN #** _____



DIABETES SERVICES REFERRAL
3801 Sacramento, 7th Floor
San Francisco, CA 94118
(415) 600-0506

PATIENT IDENTIFICATION

5/20/08