

DIABETES CENTER REFERRAL FORM

Tel: 781-297-1500

Fax: 781-341-4773

Referral for: Endocrinologist Certified Diabetes Educators (RN/RD) Dietitian only

Reason for referral: _____ Diagnosis: _____

Patient's Name: _____ Phone: _____

Patient's Address: _____ DOB: _____

Diabetes/Medical History:

TYPE 1 TYPE 2 Gestational Diabetes Pre Diabetes Duration: _____

Pertinent Medical History/Meds: _____

Most Recent Lab Data: *Please fax copies of recent labs*

Date: _____ Result: _____ Cholesterol _____ LDL _____ HDL _____ TG _____

Date: _____ Result: _____ HgbA1c _____ Other _____

Complete this Section for Diabetes Self Management Referral Only

- New Onset Diabetes
- Inadequate glycemic control (Two consecutive HbA1C levels of 8.5 or greater)
- Change in treatment regimen from no diabetes medication to any diabetes medication, or from oral medication to insulin.
- High risk for complications based on inadequate glycemic control (documented episodes of severe hypoglycemia or severe hyperglycemia in the past year requiring ER visit or hospitalization).
- High risk based on at least one of the following documented complications:
 1. Lack of feeling in the foot or other foot complications such as ulcers, deformities, or amputations.
 2. Pre-proliferative or proliferative retinopathy or prior laser treatment of the eye.
 3. Kidney complications related to diabetes, manifested by albuminuria or elevated creatinine.

Cover the following diabetes self-management skills (please check and complete):

- Diabetes Self-Management Training Individual Session Group Session
- Nutritional Management
- Monitoring: Patient has a meter Yes No Kind _____
Desired daily testing frequency Once Twice Three Four Other
- Insulin Instruction
- New Pen Pump Type/Dose: _____
CDE to adjust insulin: YES NO
- Byetta/Victoza Instruction Type/Dose: _____

Referral MD info:

Physician Signature: _____ Date: _____

Physician Address: _____ Phone: _____

_____ Fax: _____

New England Sinai Hospital

A STEWARD FAMILY HOSPITAL



150 YORK STREET • STOUGHTON, MA 02072
www.newenglandsinai.org