



Appt Date: _____	Appt Date: _____
Appt Time: _____	Appt Time: _____
Scheduled with: _____	Scheduled with: _____

Patient's Name: _____ Phone (H): _____ (W or C): _____

SSN: _____ Birth Date: _____ Referral Date: _____

Diagnosis Code: _____ 250.00 Type 2 _____ 250.01 Type 1
 _____ 250.02 Type 2 uncontrolled _____ 250.03 Type 1 uncontrolled
 _____ 648.83 Gestational _____ 648.03 Diabetes w/ pregnancy
 _____ Other (diabetic needs only): _____

€ Referral to Endocrinologist with Education assessment /classes
Reason for referral: _____

*****Please send copy of most recent labs & demographics*****

€ Referral to Education ONLY:

Diabetes Self Management GROUP
(7 hours in 2-3 visits with nurse and dietitian)
American Diabetes Assoc. ten content areas and
glucose meter teaching PRN. Note: certain locations/
times may be less than 7 hours.

€ **Prediabetes GROUP class**
(1.5 hours with dietitian) Impaired fasting glucose or
Impaired glucose tolerance

€ **Carbohydrate Counting GROUP class**
(2 hours with dietitian)

€ **Insulin / Byetta / Symlin Start: INDIVIDUAL**
(1 hour with nurse)
* Please check Advanced Carbohydrate Counting
Class if mealtime insulin is prescribed.

Please specify:

Medication: _____

Amount: _____

Pen: _____ Syringe _____

Time: _____

RX: On chart _____ Given to pt: _____

€ **Advanced Carbohydrate Counting INDIVIDUAL**
(1.5 hours with dietitian) and
(1 hour with nurse if needed)
Teaches use of C/I Ratio and Correction Factor.
C/I _____ CF: _____ Target: _____

€ **Gestational INDIVIDUAL**
(1.5 hours with dietitian)

€ **Insulin Pump Introduction GROUP and Insulin Pump Assessment INDIVIDUAL**
(3 hours with nurse 2 appointments)

€ **Medical Nutrition Therapy INDIVIDUAL**
(1.5 hours with dietitian)

€ **Other**

€ 1 hour nurse re: _____

€ 1 hour dietitian re: _____

***** If patient has barrier to learning or a disability, classes may be taught INDIVIDUALLY. Please specify:**

Physicians Signature (required)

Physicians name printed

Office phone Number

Office Fax

*****Fax this order to Joslin Diabetes Center 937-401-7579 Phone 937-401-7575**