



The Eugene B. Casey Diabetes Education Center at Suburban Hospital
DIABETES SELF MANAGEMENT TRAINING REFERRAL FORM

Information & Directions for this form: The Diabetes Education program is a 2 day class that is run on a Monday and Tuesday schedule. Patients should be encouraged to call Maria Chamberlain, RN, CDE at 301-896-3056 to reserve a place in class and to complete class registration. Please bring this referral, filled out and signed to class or have your physician and/or physician staff, fill out this referral form & FAX it to Maria Chamberlain at 301-897-1326. NOTE: Medicare participants are REQUIRED to present this referral form in order to attend class.

Patient Information

Patient's Last Name First Name Middle Initial
Gender M F DOB Home Phone Work Phone Other Phone
Address
City State Zip Code
Does your patient have any special needs (vision or hearing impaired, etc.) ?

Diagnosis

Type 1 controlled Type 1 uncontrolled Other (please explain)
Type 2 controlled Type 2 uncontrolled
Gestational diabetes

Complications/Comorbidities (check those that apply)

Hypertension Dyslipidemia Stroke Neuropathy Nephropathy PVD CHD Renal Disease
Retinopathy Non Healing Wound Pregnancy Obesity Mental/Affective Disorder
Other (please explain)

Current Diabetes Medications

Please specify type, dose and frequency
Oral Agents Insulin

Most Recent Labs

If you have recent labs on the patient, please list lab values that apply.

Date of most recent labs: A1C %
Fasting Blood Glucose mg/dL Total Cholesterol mg/dL
Random Blood Glucose mg/dL HDL Chol mg/dL
Creatinine mg/dL LDL Chol mg/dL
BUN mg/dL Triglycerides mg/dL

Physician Information and Signature

Physician Signature Date
Please Print Group/Practice Name, Address, Phone, FAX