

DIABETES EDUCATION CENTER at MERCY/ REFERRAL

Patient Name: _____ Date of Birth: _____ Patient Phone: _____

Physician: _____ Physician Phone: _____ Physician Fax: _____

***Please Fax The Following Information With This Completed Form to 515.643.5150:
Copies of All Insurance Cards, Last Office Visit, Most Recent A1C, Any Other Pertinent Lab Results**

Please check all that apply.

DIAGNOSIS:

- Type 2 Diabetes
- Type 1 Diabetes
- Gestational Diabetes
- Type 1 – Type 2 and Pregnant
- Pre-diabetes

CO-MORBIDITIES:

- Retinopathy
- Neuropathy
- Nephropathy
- Cardiovascular Disease
- Peripheral Vascular Disease
- Hyperlipidemia
- Hypertension
- Dyslipidemia

SPECIAL NEEDS:

- Vision Limitations
- Hearing Limitations
- Language Barrier
- Cognitive/Memory Limitations
- Physical/Mental Challenges

PROGRAM / SERVICES REQUESTED:

- Comprehensive Diabetes Self-Management:** Patient will be able to self-manage diabetes by learning diabetes overview, meal planning, physical activity, medications and effects, monitoring and glucose goals, stress management, prevention of acute/chronic complications, and behavior modification with goal setting. Group or individual appointments are available.
- Gestational Diabetes:** Patient will be able to self-manage her gestational diabetes by learning an overview of her condition, meal planning, and self-monitoring blood glucose levels. Group or individual appointments are available.
- Self-Management Education Review** addressing the following change in medical condition: _____
- Insulin Start** as follows: _____
- Self-Monitoring of Blood Glucose Only**
- Catch up on Carb Counting:** This informational session focuses on macronutrients' effect on blood sugars and counting the grams of carbohydrate in any food eaten.
- Healthy Habits:** This informational session focuses on eating healthier and increasing activity. There is no charge for this session.
- Insulin Pumps at a Glance:** This informational session is geared for those patients who want to learn more about what insulin pumps can and cannot do and if this type of insulin delivery would be even possible for them. There is no charge for this class.
- Other** (specify): _____

CURRENT DIABETES MEDICATIONS:

- None
- Oral agent(s) (type & dose): _____
- Other injectable: _____
- Insulin (type & dose): _____

MEDICATION ORDERS (if applicable):

- Continue oral agents
- D/C oral agents: when? _____
- Change oral agent to (type, dose): _____

Physician Signature: _____ Date: _____

The Iowa Diabetes and Endocrinology Center will contact the patient's insurance carrier to determine their benefits for diabetes self-management education.

Address: 1111 6th Avenue, Suite 450, Des Moines, Iowa 50314 Phone: 515.643.4895 Fax: 515.643.5150