

Cotton-O'Neil Diabetes  
and *Endocrinology Center*

Diabetes Learning Center Referral Order  
(785) 368-0416, Fax: (785) 368-0410

Acct# \_\_\_\_\_  
(DLC use only)

Patient Name \_\_\_\_\_ Date Referred \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone-Day(\_\_\_\_) \_\_\_\_\_ Evening(\_\_\_\_) \_\_\_\_\_ DOB \_\_\_\_\_

Physician \_\_\_\_\_ Physician phone \_\_\_\_\_ fax \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Lab Values (with **date** - attach or fax) HbA1C: \_\_\_\_\_ Microalbumin or 24 hour Protein \_\_\_\_\_

Cholesterol: \_\_\_\_\_ HDL \_\_\_\_\_ LDL \_\_\_\_\_ Triglycerides \_\_\_\_\_ FBS: \_\_\_\_\_ 2hrPPBS \_\_\_\_\_

**Other medical problems:**  Heart Disease  HTN  Dyslipidemia  Obesity  Other: \_\_\_\_\_

**Medications** this patient is currently taking: \_\_\_\_\_

**Problems that might complicate patient's ability to learn:**  Hearing Impaired  Low Vision  Language  
Other \_\_\_\_\_

**Diagnosis:**  Pre-diabetes  Type 1  Type 2  Gestational  Metabolic Syndrome

**Diagnosis required to initiate service**

- Newly Diagnosed
- Change in treatment:  no meds to oral meds/oral meds to insulin/conventional insulin to M.D.I.
- High Risk for complications based on:
  - HbA1C > 8.0%, (for Medicare HbA1C > 8.5% for 2 tests 3 mos. apart within last 12 mos.)
  - Documented acute episodes of severe hypo or hyperglycemia requiring ER visit/hospitalization during the past year
  - High Risk based on:  Retinopathy  Foot problems  Kidney  Pregnancy  Other: \_\_\_\_\_

**Services/Education requested:**

- Diabetes Self-Management Education
- Medical Nutrition Therapy (MNT) (dietitian)
- Insulin Pump Therapy
- Initiate Insulin** as follows: Type \_\_\_\_\_ Dosage(s) \_\_\_\_\_

Discontinue  Continue **Current oral diabetes medications:** Type/Dose \_\_\_\_\_

**Unless this box is checked your patient will be considered eligible for our light exercise class**

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_