Sutter Health
Alta Bates Summit
Medical Center

# Diabetes Center

3030 Telegraph Avenue
Berkeley, CA 94705
510.204.1081

## Physician Referral

*Please complete and sign form and FAX to Diabetes Center.*

Patient Name _____ DOB _____
Address _____ Telephone (Cell) _____
_____ Telephone (Home) _____
Insurance _____ Telephone (Work) _____
Referring Physician _____ MD Telephone _____
Address _____ MD FAX _____

**Check area(s) of education needed:**

□ **Diabetes Self-Management Training – Five 2 hour Classes (Group setting for Type 2)**

- Diabetes Overview
- Physical Activity
- Risk Reduction
- Self blood glucose monitoring
- Prevention and treatment of complications
- Medication action, timing & side effects
- Nutrition management
- Psychosocial adjustment

□ Comprehensive Self Management Skills *(individual sessions for Type 1 or special needs)*
□ Medical Nutritional Therapy (MNT)
  □ Initial year – 3 hrs
  □ Annual Follow-up MNT – 2 hrs
□ Insulin Administration Instruction
□ Annual Education Follow-up 2 hours
□ Insulin Management
□ Continuous Glucose Monitoring
□ Insulin Pump

Special Needs:
□ Hearing □ Vision
□ Language _____
□ Other _____

**Pertinent Diabetes Information:**

Date of Diagnosis: _____ □ Type 2 □ Type 1
□ new diagnosis □ uncontrolled □ Pre-Diabetes 790.29
□ Medications: □ None
□ Oral _____
_____
□ Insulin _____
_____
□ Other _____

**Complications:**

□ None □ Retinopathy □ Neuropathy
□ Nephropathy □ Other: _____

**History Of:**

□ HTN □ ASHD □ Dyslipidemia □ Gastroparesis
□ Other _____

**Lab Results:**

Complete or fax most recent lab work with this referral.
Date Lab work completed _____
Glucose: Fasting Glucose _____ A1C _____ %
Total Cholesterol: _____ HDL _____
LDL _____ Triglycerides _____
Creatinine _____
Urine Microalbumin: □ Negative □ Positive
Comments: _____
_____
_____

*Please Sign and Date*

*I hereby certify that I am managing this beneficiary's Diabetes condition and that the above prescribed training is a necessary part of management.*

_____
*Signature of Physician*
*Date:* _____

*Please Fax completed form to 510.644.0891*