Complete and fax this form, along with patient’s demographics page, to **979.207.4120**.

### Referral Information (to be entered by referring physician)

<table>
<thead>
<tr>
<th>Requesting Provider &amp; Doctor Number: __________________________</th>
<th>Date of Request: __________________________</th>
</tr>
</thead>
</table>

**Reason for Referral:**
- [ ] New onset diabetes
- [ ] Uncontrolled diabetes
- [ ] Impaired fasting glucose/impaired GTT
- [ ] Frequent or severe hypoglycemia
- [ ] Other (please specify): _______________________________________________________

**Patient’s Diabetes Diagnosis:**
- [ ] Type 1 uncontrolled
- [ ] Type 1 controlled
- [ ] Type 2 uncontrolled
- [ ] Type 2 controlled
- [ ] Other (please specify): _______________________________________________________

### Barriers requiring individual rather than group diabetes instruction:
- [ ] None
- [ ] Vision
- [ ] Hearing
- [ ] Language limitations
- [ ] Cognitive
- [ ] Physical challenge
- [ ] Other (please specify): _______________________________________________________

### Patient Information for Class (to be entered by diabetes educator or referring physician)

**Current Diabetic Medications:** __________________________ HgbA1C & Date: __________________________
- [ ] None
- [ ] Oral (type & dose) __________________________
- [ ] Insulin (type & dose) __________________________
- [ ] Frequent or severe hypoglycemia
- [ ] Other (please specify): _______________________________________________________

### Current Complications or Comorbidities:
- [ ] None
- [ ] HTN
- [ ] Dyslipidemia
- [ ] Neuropathy
- [ ] Stroke
- [ ] Nephropathy
- [ ] Non-healing wound
- [ ] Obesity
- [ ] Retinopathy
- [ ] PVD
- [ ] CHD
- [ ] Affective disorder
- [ ] Other (please specify): _______________________________________________________

_I certify that I am managing this patient’s condition and the education described in the Plan of Care. The Plan of Care is needed to provide this patient with the skills and knowledge to help manage their diabetes._

**Provider Signature:** ___________________________________________ **Date:** __________________________