



# SAN JUAN REGIONAL MEDICAL CENTER

## Diabetes Self Management Training

Referral Record for Outpatient Education

Patient Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
ST \_\_\_\_\_ Zip \_\_\_\_\_

Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_  
ST \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_

Diagnosis	Lab Work (originals attached)
<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Gestational <input type="checkbox"/> Impaired Glucose Tolerance  New Diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current HbA1c: _____ T. Cholesterol: _____ Triglycerides: _____ HDL: _____ LDL: _____ C-reactive Protein: _____ Microalbumin: _____ Creatinine: _____ OR _____ Serum Insulin: _____

Home Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Significant Medical and/or Social History: \_\_\_\_\_  
\_\_\_\_\_

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

**Please fax referral to 609.2088**

We provide comprehensive diabetes education services, including nutrition consultation, as needed. Our program utilizes a group learning format and/or individual sessions as appropriate. For questions about the program or for patient follow up call 609.2867