



Diabetes Education Referral Form

PATIENT INFORMATION:

DATE: _____

Name: _____

Contact #: _____

DOB _____

DIABETES INFORMATION: (DX Code required)

Diagnosis: (mark one)

CPT/Dx Code: _____

- Type I Type II Gestational Prediabetes Other

REFERRED FOR:

- Education: _____
- Insulin Initiation (Type & dosages): _____
- Byetta/Symmlin Initiation (starting dose): _____
- Nutritional Management/Carb Counting _____
- Insulin Pump Therapy CGM (Continuous Glucose Monitoring)
- Monitoring/Meter Start A1c Test
- Other: _____



DIABETES EDUCATOR TO ADJUST DOSAGES/PUMP SETTINGS

HCP Signature: _____

Printed Name _____

Fax # _____

Fax completed form to 719.473.4877

Teaching Health... Creating Hope