

PATIENT INFORMATION

MRN#: _____
NAME: _____
DOB: _____
Home Phone Number: _____
Best Phone Number: _____
Address: _____

Last A1C (optional): _____ Date: _____
Diagnosis: DM Type 1: _____ DM Type 2: _____
 Gestational DM: _____ Pre DM: _____
 Obesity: _____ Weight Loss _____
 Other (include ICD code): _____
Diabetes Medicines/Insulin: _____

Insulin Correction Formula (DM only):

Yes _____ No _____

BG- 100/40 _____ for BG > 160 _____

Medical History/Complication:

_____ Hypertension
_____ Cardio Vascular Disease
_____ Neuropathy
_____ Retinopathy
_____ PVD
_____ Renal Disease
_____ Other _____

Exercise Restrictions: _____

Renal Restriction: _____

INSURANCE INFORMATION

Primary Insurance: _____
Policy ID/ID#: _____
Group #: _____
Insurance phone number: _____
Secondary Insurance: _____
Policy ID/ID#: _____
Group #: _____
Insurance phone number: _____

PHYSICIAN INFORMATION:

DATE: _____

I verify the following services are needed:

MD NAME: _____

MD SIGNATURE: _____

PHONE: _____ FAX: _____

REASONS FOR REFERRAL:

- ☐ New Diagnosis
- ☐ Survival Skills
- ☐ Improve BG Control
- ☐ Medical Nutrition Therapy
- ☐ Change in Management Plan
- ☐ Insulin Pump Training
- ☐ Insulin Start Training
- ☐ CGM 3 days
- ☐ Diabetes Prevention
- ☐ Pregnancy
- ☐ Annual Follow Up

Special Instructions _____

This patient cannot effectively participate in group instruction because of the following special needs:

_____ Language barrier _____ Impaired vision
_____ Impaired hearing _____ Literacy
_____ Other _____

Emory Outpatient Diabetes Education Sites:

- ☐ Emory Clinic at 1365 Clifton Rd
- ☐ Emory Midtown
- ☐ Emory Saint Joseph Hospital
- ☐ Emory Flat Shoals
- ☐ Emory Johns Creek
- ☐ Emory University Hospital
- ☐ Emory Family Medicine at Dunwoody

**Individual appointments not available at all locations.*