

# University of Kansas Medical Center

Cray Diabetes Center Room 1 116 KUH 913-588-3960 Office Contact: Jerome or Erica

## Referral for Diabetes Clinic Visit Room 1 100-5 KU Hospital

### Patient Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/State Zip SS#: \_\_\_\_\_

Phone #: \_\_\_\_\_ MR#: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Records will be **required** for the diabetes clinic visit.

Current (past 3 months) clinic records, lab work, medication list, etc., should be **faxed to us at 913-588-4023**

Please fax insurance information  Please fax demographic information

Please complete the sections below

### Diabetes Diagnosis:

- Type I  Type 2, on diet/exercise  Type 2, oral meds  
 Pre-Diabetes (high risk for diabetes)  Type 2, insulin

### Patients barriers to obtain diabetes self-management skills:

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- Language spoken:  
 English  
 Other: \_\_\_\_\_

Type of Visit:  Urgent  Routine

Okay to see ARNP or PA-C (quicker initial appointment)

One time M.D. consultation  Referral for continuing care

The patient will be contacted with appointment information by phone and mail as quickly as possible after receipt of your return fax. Complete information from you will facilitate the appointment process.

### Referring

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Office Contact \_\_\_\_\_

Please retain a copy of this form in your records for documentation of the request for consultation. You should receive written verification of the results of the consultation from the consulting physician. If you have not received timely communication regarding this consultation, please contact the consultant's office number listed at the top of the form.