

University of Kansas Medical Center

Referral for Diabetes Education - Cray Diabetes Center – 1116 KU Hospital
913-588-3960 Fax: 913-588-4023 Office Contact: Jerome or Erica

Patient Name: _____ DOB: _____

Phone #: _____ MR#: _____ Today's Date: _____

SSN#: _____ Insurance: _____

Diabetes Diagnosis:

- Type I, Type 2, on diet/exercise or oral meds, Type 2, insulin

Please check the education you want for your patient:

- Comprehensive Management Skills Group Class
Consists of two morning sessions (the 3rd & 4th Wednesday of every month)
Covers ALL areas of Diabetes Self Management skills
Patient must pre-register at the Cray Diabetes Center
Insurance is billed (Cannot accept Medicaid patients)

One-to-One Education (please check topic you want – send labs and prescriptions):

- Nutrition Management
Blood Glucose Monitoring (pt needs to come with meter, strips and lancets)
Diabetes Self Management Skills
Continuous Glucose Monitor
Injectable Start (Must have prescriptions and orders sent before scheduled)**
Pre-Pump training
Other: Insurance is billed

**Injectable Medication Orders

- Insulin TYPE: DOSE:
Byetta Dosing Instructions:
Symlin Dosing Instructions:

Please check barriers to the patient's ability to obtain diabetes self-management skills:

- Emotional Barriers (depression, denial, etc.)
Impaired mobility
Visual/hearing impairment
Learning disability
Impaired mental status
Language spoken: English Other:
Other Barrier:

Referring Physician: _____

Phone: _____

Office Contact _____

Fax: _____