

University of Kansas Medical Center
Referral for Diabetes Education - Cray Diabetes Center – 1116 KU Hospital
913-588-3960 Fax: 913-588-4023
Office Contacts: Jessica or Tiffany

Patient Name: _____ DOB: _____

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

SSN#: _____

Diabetes Diagnosis:

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

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)
- 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
 BG management (Hyper ; Hypo; patterns; CGMS)
 Insulin start (**send prescriptions and orders**)
 Symlin or Byetta start (**send prescriptions and orders**)
 Monitoring (**pt needs to come with meter, strips and lancets**)
 Pre-Pump training
 Chronic Complications
 Other: _____
 - Insurance is billed

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

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

Referring Physician: _____

Phone: _____

Office Contact _____

Fax: _____