

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 Anne

Patient Name: _____ DOB: _____

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

Diabetes Diagnosis:

- Type I Type 2, on diet/exercise Type 2, oral meds
 Gestational Pre-Diabetes Type 2, insulin

Please check the type of 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 Center
 - There is a fee
 - Call 913-588-3960
- Meter Clinic** (for anything pertaining to meters/self glucose monitoring and to obtain one)
- A walk-in clinic 11:00 AM-12:00 PM, M-F
 - There is a fee
 - If questions, call 913-588-3960
 - Held in Cray Diabetes Center, 1116 KUH

- Group Support/Mini Education**
- Last Tuesday of every other month from 1:00 PM to 2:00 PM (starting March 2008)
 - Held in Room 1107 - Medicine Classroom
 - Schedules available in the Cray Center
 - FREE- just walk in
 - For information, call 913-588-3960

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

- Nutrition Management (only for Diabetes Clinic patients – Medicine Clinic has their own dietitian)
- Hypoglycemia
- Hyperglycemia
- Chronic Complications
- Other: _____
- Appointment is needed
 - There is a fee
 - Call 913-588-3960
 - Held in Cray Diabetes Center, 1116 KUH

Insulin Instruction **(Please send a prescription for the insulin)**

Time: Before Breakfast Before Lunch Before Supper Bed

Type Insulin: _____ _____ _____ _____

Amount: ____ units ____ units ____ units ____ units ____ units

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

- Non-adherence Impaired mental status
- Impaired mobility Language spoken:
- Visual/hearing impairment English
- Learning disability Other: _____
- Eating disorder

Referring Physician: _____

Phone: _____

Office Contact _____

Fax: _____

Please retain a copy of this form in your records for documentation of the request for education