To Make Appointment, call: 224.783.5450 (T)
Para pedir una cita llame al (T) 224.783.5455 Spanish
224.783.2823 (F)

DATE: _____

PATIENT NAME: _____

BIRTH DATE: _____

TELEPHONE #: _____

ALTERNATE #: _____

SYMPTOMS; DX DIABETES 250.00; _____

Fax Results: (____) _____

Call Results: (____) _____

PHYSICIAN NAME PRINT OR STAMP: _____

PHYSICIAN SIGNATURE: _____

Non-Staff MD NPI: _____

Address and Telephone: _____

Addt'l. Result Copies To: _____

Primary Diabetes Indication:

- ☐ Type I
- ☐ Type II Diet Controlled
- ☐ Type II Insulin Requiring
- ☐ Type II Oral Agent
- ☐ Gestational
- ☐ Pre-existing DM; Pregnancy
- ☐ Impaired Glucose Tolerance; Impaired Fasting Glucose
- ☐ Pre-diabetic

Diabetes Lab Results: (Please provide lab values)

FBS _____	mg/dl	_____ (date)
HgbA1C_____	%	_____ (date)
Microalbumin _____	mg/24hr, ug/min, ug/mg	_____ (date)
Cholesterol _____	mg/dl	_____ (date)
LDL_____	mg/dl	_____ (date)
HDL_____	mg/dl	_____ (date)
Triglycerides_____	mg/dl	_____ (date)

Additional Information:

A. Poorly Controlled Diabetes*
- ☐ Recurrent elevated blood sugars (fasting glucose >140 mg/dl or recurrent random glucose >180mg/dl or HgbA1C> 7%)
- ☐ Recurrent hypoglycemia
- ☐ Recent hospitalization for DKA or HHNS indicating need for supplemental diabetes self-management training
- ☐ Recurrent utilization of diabetes services via emergency room, hospital, home health service, physician office, or clinic visit.

*American Diabetes Association Guideline

B. New Diagnosis
- ☐ Newly Diagnosis Diabetes

C. Diabetes Complications
- ☐ Cardiovascular
- ☐ Dermatopathy
- ☐ Foot Disease
- ☐ Gastroparesis
- ☐ Hyperlipidemia
- ☐ Hypertension
- ☐ Nephropathy
- ☐ Neuropathy
- ☐ PVD
- ☐ Retinopathy
- ☐ Other _____

D. Existing barriers that impede patient's ability to obtain diabetes self-management skills through routine physician office training.
- ☐ Non-compliance
- ☐ Eating Disorder
- ☐ Impaired Dexterity
- ☐ Impaired Mental Status
- ☐ Impaired Mobility
- ☐ Impaired Psychosocial Status
- ☐ Learning Disability
- ☐ Visual; Hearing Impairment
- ☐ Other: _____

Management Skills

- ○ CGMS (3-day continuous glucose monitoring sensor)
- ○ Comprehensive Management Skill Class (Insulin)
- ○ Comprehensive Management Skill Class (Oral Agents)
- ○ Control with Insulin Management
- ○ Control with Oral Medications
- ○ Exercise Management through Cardiac Rehabilitation
- ○ Management of Diabetes During Pregnancy
- ○ Management of Obesity/Weight loss in Type II DM
- ○ Nutrition Management
- ○ Self Blood Glucose Monitoring
- ○ Other: _____

Medications:

Advocate Sherman Hospital

* O R D *

OUTPATIENT DIABETES MANAGEMENT ORDER FORM