

DOCTORS MEDICAL CENTER

1441 FLORIDA AVENUE
MODESTO, CA 95350
(209) 578-1211

Patient Label

Patient Referral for Outpatient Diabetes Education

Call **(866) 967-7463** to register for diabetes education classes.

Please FAX completed form to: **(209) 342-3047 Attn: Diabetes Center**

Patient Name _____

Address _____

Home Phone Number _____ Work Phone Number _____

Language: English Spanish Other _____

Patient's Insurance _____

If HMO, name of IPA or HMO Medical Group _____

ICD-code _____ *(Please see page two for a list of codes.)*

Type 1

Type 2

Pre-diabetes (metabolic syndrome, hypoglycemia)

Other (Specify)

Clinical Hx / findings: _____

Most recent A1C result: _____

The comprehensive outpatient diabetes education program is based on ADA Standards. The following content is covered in four 2-hour classes. Additionally one 2-hour annually after completion of initial series.

Please educate patient about all or check area of need for patient:

Week 1 Diabetes - The Disease Process

Week 2 Blood Glucose Monitoring & Nutritional Management

Week 3 Your Medications, Exercise Considerations and Sick Day Management

Week 4 Complications of Diabetes

Annual follow up

Physician Signature

Date

Physician Name:

Address:

Phone Number:

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