



HCHC Diabetes Education Center Outpatient Referral Form

Instructions: Fax completed form with a copy of the patient's most recent A1c and lipid panel to 319-385-6785

Patient's Name _____ Today's Date: _____

Phone Number: _____ Cell _____

Current Medications: _____

Type of Diabetes: Type 1 Type 2 Gestational Pre-Diabetes
 Other _____

Reason for Referral: New Diagnosis of Diabetes (Fasting Blood Sugar >126, or HgA1c >6.5%)
 Failed GTT Random BG >200 Other _____

Diabetes Education Order:

- Group Diabetic Education (includes individual session with nurse and dietitian, as well as group classes.)
- Individual Diabetes Education
- Medical Nutrition Therapy (Individual Session with dietitian)
- Insulin Instruction (individual instruction with nurse)
 Insulin Type _____ Dose _____
- Annual Follow Up Class (2 hour group class offered monthly)
- Pre-Diabetes Group Classes (Free class offered every other month)
- Gestational Diabetes Education (includes individual sessions with nurse & dietitian.)
- Other: _____
- 72 hour Continuous Glucose Monitoring
 - Improve Control
 - Hypoglycemia/Hypoglycemia Unawareness
 - Erratic Blood Sugar With No Apparent Reason
 - Suspected Post-Prandial Elevations
 - Pregnancy/Planning Pregnancy
 - Other _____

Provider Signature _____ Date: _____