



Open Door Community Health Centers

Telemedicine

Telehealth & Visiting Specialist Center

2426 Buhne Street
Eureka, CA 95501
(707)442-4038
Fax (7807) 442-4039

Diabetes and Pre-Diabetes Educational Referral

Date:	Referred By:	Clinic/Contact:
	Phone:	Fax:

Patient Information

Name:	DOB:	Gender:
Address:	Home Phone:	
Insurance Type:	Current Open Door Patient: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Reason for Consultation (check all that apply):

<input type="checkbox"/> New onset diabetes	<input type="checkbox"/> Type 1	<input type="checkbox"/> Pre-Diabetes
<input type="checkbox"/> Uncontrolled diabetes	<input type="checkbox"/> Type 2	- Fasting: 100-125
<input type="checkbox"/> Medication recommendations	<input type="checkbox"/> Metabolic Syndrome	- Random: 140-199
<input type="checkbox"/> Insulin start	<input type="checkbox"/> Frequent or severe hypoglycemia	<input type="checkbox"/> Other:
<input type="checkbox"/> Insulin adjustment/regimen change	<input type="checkbox"/> Lifestyle management education (food & activity)	
	<input type="checkbox"/> Complications of diabetes	
<input type="checkbox"/> Insulin education only (education includes insulin administration, carbohydrate counting and basic pattern management. Referring clinician to include insulin starting orders on referral form. Educator may make recommendations for insulin start/change or adjust to referring clinician).		
<input type="checkbox"/> Insulin education and insulin management (Educator will assist in evaluating patient needs and calculate either insulin start/change or adjustments. Educator will adjust as needed until stable. Referring clinician will be contacted regarding initiation of prescription).		

Medical Clearance for Exercise Program (Consider cardiovascular, retinal and extremity health):

Medically clear for exercise program that is:
<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Strenuous <input type="checkbox"/> Other:

Other Concerns

<input type="checkbox"/> None

Primary Provider Signature:

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