

Please Fax this form and most recent lab results to **1.310.543.7283**

DIABETES SELF-MANAGEMENT TRAINING

Patient may call 310-543-7280 for scheduling and bring the referral to the appointment.

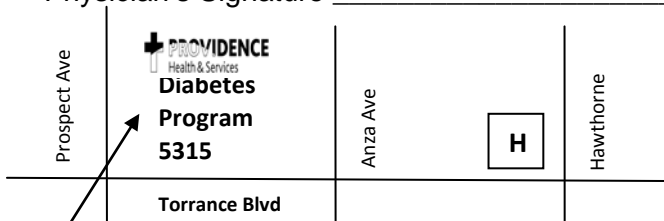
Patient's Name _____ D.O.B. _____

Phone Number _____ Today's Date: _____

DIABETES SELF MANAGEMENT TRAINING		
<input type="checkbox"/> 1:1 TRAINING <input type="checkbox"/> GROUP TRAINING		
DIAGNOSIS	MANAGEMENT PLAN OF CARE (Check one or More)	SPECIAL INSTRUCTIONS
<input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Type 2 Diabetes, Diet Controlled <input type="checkbox"/> Type 2 Diabetes, Oral Agent <input type="checkbox"/> Type 2 Diabetes, Insulin <input type="checkbox"/> Pre- Diabetes (Impaired Glucose Tolerance) <input type="checkbox"/> Gestational Diabetes Oral Glucose Tolerance Test= FG____ 1H____, 2H____, 3H____ <input type="checkbox"/> Pre-existing Diabetes with Pregnancy	<input type="checkbox"/> New Diagnosis of Diabetes <input type="checkbox"/> Diabetes Out of Control <input type="checkbox"/> Diabetes with Acute Complications <input type="checkbox"/> Change in Treatment Regimen <input type="checkbox"/> Self Blood Glucose Monitoring <input type="checkbox"/> Nutrition Management and Education <input type="checkbox"/> Diabetes with Chronic Complications <input type="checkbox"/> Other _____ <input type="checkbox"/> New Insulin Therapy: Insulin Type: _____ Dose: _____ Frequency: _____ (Instruct patient to <u>bring supplies & Insulin</u> to the appointment)	<input type="checkbox"/> Cultural <input type="checkbox"/> Language: <input type="checkbox"/> Spanish <input type="checkbox"/> Japanese <input type="checkbox"/> Other _____ <input type="checkbox"/> Visual <input type="checkbox"/> Cognitive <input type="checkbox"/> Hearing <input type="checkbox"/> Physical <input type="checkbox"/> Psychological <input type="checkbox"/> Other: _____

Physician's Name (PRINTED CLEARLY) _____

Physician's Signature _____ Date _____ Time _____



Office Phone _____

Office Fax _____

Diabetes Self-Management Training Program
 5315 Torrance Blvd Torrance CA, 90503 310.543.7280

PLACE PATIENT LABEL HERE