

# UT Le Bonheur Pediatric Specialists

## ULPS Pediatric Endocrine Center

51 North Dunlap, 3rd Floor • Memphis TN 38105  
Office (901) 287-7337 • Fax (901) 937-6689

(Place Patient Identification Sticker Here)

### Outpatient Diabetes Education Referral

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

#### Diagnosis (please mark all confirmed diagnoses)

- New Onset Diabetes Mellitus, Unspecified
- Type 1 diabetes mellitus
- Type 2 diabetes mellitus (\_\_\_ Diet Controlled; \_\_\_ Insulin; \_\_\_ Oral Med)
- Steroid-induced diabetes (specify med: \_\_\_\_\_)
- Cystic fibrosis related diabetes (CFRD)
- Impaired glucose tolerance \_\_\_ Obesity \_\_\_ Vitamin D deficiency

#### If referral from outside Le Bonheur Children's Hospital, please provide lab reports and:

Fasting glucose \_\_\_\_\_ mg/dL and/or casual glucose \_\_\_\_\_ mg/dL on date: \_\_\_\_\_  
Hemoglobin Alc \_\_\_\_\_ % on date: \_\_\_\_\_; serum 25(OH)D \_\_\_\_\_ ng/mL on date: \_\_\_\_\_  
Fasting cholesterol \_\_\_\_\_ mg/dL on date: \_\_\_\_\_  
Fasting LDL \_\_\_\_\_ mg/dL, HDL \_\_\_\_\_ mg/dL, triglycerides \_\_\_\_\_ mg/dL on date: \_\_\_\_\_

#### Treatment Plan (please check boxes for appropriate class placement)

- Advancing Diabetes Care     Diabetes Basics Complete     Insulin Pump Introduction
- Self Management 1     Self Management 2     One-To-One Consultation     CFRD

Class Date \_\_\_\_\_ Arrival time  8:45 am     12:45 pm  
Class time choice  9:00 am – 3:30 pm     9:00 am – 12:00 Noon     1:00 pm – 4:00 pm

Insurance carrier \_\_\_\_\_, plan member # \_\_\_\_\_

#### Ordering Physician/NP Signature (must be original signature—stamped signature is unacceptable)

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician/NP Name (Printed) \_\_\_\_\_

**Please bring this form with you to register for class.**

White copy – Parent's copy • Yellow Copy – Diabetes Educator

