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| **PATIENT INFORMATION** |
| **Last name**: | **First:**  |  **Middle Initial:**  |
| **Phone(Home): Phone(Cell): Phone(Alternate):**  |
| **Date of Birth:**  |  **Sex: M F** | **City: State:**  |
| **Caregiver Name:** | **Relationship to Pt**:  |  **Phone #:**  |
| **Date of Patient’s Next Appointment:** |  **Primary Care Provider:**  |
| **REASON FOR CONSULTATION** |

The patient is being referred to a KCMPA Dietitian or Diabetes Educator for the following reason(s):

 **Comprehensive Diabetes Education** *(group or individual)*

Appropriate for patients with Newly Diagnosed Diabetes or No Previous/Recent Diabetes Education

***Include Recent Clinical Note (Hospital Discharge or Visit Summary), Medication List, A1C***

 **Problem-Oriented Diabetes Education** *(individual)*

Appropriate for patients who need personalized attention *(please indicate reason below)*:

 Uncontrolled diabetes (ex. -- A1C greater than 9, frequent hypoglycemia)

 Non-adherence to diabetes treatment plan

 Review of diabetes medication/insulin regimen *(attach insulin titration protocol, if available)*

 Post discharge diabetes education *(include discharge summary, if available)*

 Patient with special needs -- Vision Hearing Cognitive Language Other:\_\_\_\_\_\_\_\_\_\_\_\_

 Other *(please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Include Recent Clinical Note (Hospital Discharge or Visit Summary), Medication List, A1C, Relevant Labs***

* **Unable to afford diabetes medication/supplies**

 **Other** (please specify reason for referral) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any additional details related consultation request below:

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| **FOLLOW-UP INFORMATION**  |

**Important:**

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| **Name of person making referral:** **Practice contact (If different than person making referral):** |
| **Preferred follow-up: Phone: Ext: Fax:**  |
| **Summary of findings, following encounter with KCMPA diabetes educator, will be emailed\* to the designated email addresses:** |

Email completed form and supporting materials to haley.nagel@kcmetrophysicians.com or fax to 816.388.9369

\*Only utilize email communication if encrypted email is available, to ensure patient privacy & PHI security