

**WAKEMED PEDIATRIC DIABETES PROGRAM  
PHYSICIAN ORDER FOR OUTPATIENT EDUCATION AND/OR MANAGEMENT**

<p><b>I am referring _____ for medically necessary outpatient diabetes education.</b></p> <p>Parent Name _____          Insurance _____          Insur ID# _____          DOB _____ Date of Diagnosis _____</p>	<p>Daytime phone _____          Evening Phone _____          Address _____          _____          Height _____ Weight _____</p>
<p><b>Diabetes Diagnosis:</b></p> <p><input type="checkbox"/> 250.03 Type 1 uncontrolled  <input type="checkbox"/> 250.01 Type 1 controlled  <input type="checkbox"/> 250.00 Type 2 controlled  <input type="checkbox"/> 250.02 Type 2 uncontrolled          *for Pre-diabetes, use Energize Screen and referral          *for Insulin pump, use Insulin Pump Program referral</p>	<p><b>Medical Status:</b></p> <p><input type="checkbox"/> Newly Diagnosed  <input type="checkbox"/> New to Insulin  <input type="checkbox"/> New to Oral Meds  <input type="checkbox"/> Severe hypoglycemia or hyperglycemia  <input type="checkbox"/> Uncontrolled diabetes (see A1c)  <input type="checkbox"/> Other _____</p>
<p><input type="checkbox"/> <b>Referral to Pediatric Diabetes Clinic for diabetes medication management</b></p> <p>Current diabetes medications: _____ Is patient carb counting?    Yes    No</p> <p>Oral Meds: _____          Insulin: _____          _____          _____          Other Meds: _____</p> <p style="text-align: right;">Carb Ratio _____ : _____ grams of carb</p>	
<p><b>Education Referral:</b></p> <p><input type="checkbox"/> <b>Diabetes Basics (covers all content required for ADA Recognized Programs):</b>  <small>*Diabetes Basics – indiv session with CDE for assessment, diabetes overviews &amp; treatment, medication, exercise, blood glucose monitoring, sick day management, acute and chronic complications          *Food for Thought – session with registered dietitian for meal plan/carb counting          *Taking Charge – group class teaching advanced diabetes concepts including pattern management</small></p> <p><input type="checkbox"/> <b>Advanced Carbohydrate Counting/Pattern Management (Intensive Management)</b>  <input type="checkbox"/> <b>Case Management Consult</b> – follow-up and phone contact with Case Manager for children with identified management issues</p>	
<p><b>Recent Results (please fax recent lab results):</b>          A1c _____ %    Date _____    Blood Pressure _____    Date _____          Cholesterol _____    LDL _____    HDL _____    Triglycerides _____    Date _____          Other Relevant Lab Results _____</p>	
<p>Physician Signature _____ Phone _____          Physician Name _____ Practice _____ Fax _____</p>	

**Please fax completed form to 919-350-7400**  
 WakeMed Pediatric Diabetes Program  
 (919) 350-7584

