

## Diabetes Self-Management

## Referral Form

Chronic Disease Prevention and Control Program

**Patient Information:**

Name: Date: / /

Address:

Phone: Language(s):

Diagnosis: Type 2 Diabetes

🗹 Accompanying Diagnosis:

❑ High Cholesterol ❑ Hypertension: ❑ Other:

*(date) (date) (date)*

**Referring Party:**

*tel. #*

**Recommendations for the case manager**:

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*This point forward is for CDPP use only. Thank you for your referral.*

# **Screening Results**

# Date Screened:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Blood Sugar (BS) right left  (plasma) 1st \_\_\_\_\_\_\_\_\_\_\_\_ .  Initials | | Blood Pressure (BP)  1st \_\_\_\_\_/\_\_\_\_\_ \*\*2nd\_\_\_\_/\_\_\_\_\_ | | | Height \_\_\_\_\_\_ Weight \_\_\_\_\_\_\_ WC\_\_\_\_\_\_ BF\_\_\_\_\_\_\_\_\_\_ BMI \_\_\_\_\_\_\_\_\_ | | | | | |
| ❒Fasting  ❒Random | \_\_\_\_\_\_\_\_\_Hrs. pp | Category  Optimal  Normal  High Normal  Stage 1  Stage 2\*\*  Stage 3\*\* | Systolic  < 115  < 130  130 - 139  140 - 159  160 – 179  180 – 209 | Diastolic  < 75  < 85  85 - 89  90 - 99  100 – 109  110 – 119 | BMI🡺 | **Low Wt**  **<18.5** | **Normal**  **18.5-24.9** | **Over Wt**  **25-29.9** | | **Obese >30** |
| Normal Reading | Fasting BS 70 – 100  Random BS < 140 | BF🡾 | *Circle One BMI at the top & One Body Fat below* | | | | |
| Age🡻 | Female: Waist:<32” < 35” >40” | | | | |  |
| Possibly Impaired  Glucose\* | Fasting BS >= 100-125  Random BS >=140-199 | 20-39 | 5-20 | 21-33 | 34-38 | >38 | |
| 40-59 | 5-22 | 23-34 | 35-40 | >40 | |
| Possibly Diabetes\*\*  2nd \_\_\_\_\_\_\_\_\_ | Fasting BS > = 126  Random BS > = 200 | 60-79 | 5-23 | 24-36 | 37-41 | >41 | |
|  | Male: Waist:<34” >34” >40” | | | | |
| Notes:  Symptoms: | | Notes:Pulse\_\_\_\_\_\_\_ Resp\_\_\_\_\_\_\_  Symptoms: | | | 20-39 | 5-7 | 8-20 | 21-25 | | >25 |
| 40-59 | 5-10 | 11-21 | 22-27 | | >27 |
| 60-79 | 5-12 | 13-25 | 26-30 | | >30 |

\*Make referral to CDPP case manager if results, with a risk factor, are within one of the starred (\*) categories. Tell client to share results with a doctor. \*\*Also refer to see primary care physician within the next 24 hours and follow-up (phone call) with the client if: 1) glucose is greater than 250 mg/dL with symptoms and 2) the blood pressure is greater than 180/110 mm Hg.