

INPATIENT REFERRAL/ORDER FOR DIABETES EDUCATION SERVICES

DIRECTIONS – TO BEST PREPARE FOR THE VISIT:

Clinical Resource Manager/Nurse to complete and fax with patient face sheet to Inpatient

Scheduler at:

St. Luke's Boise: 383-0190

St. Luke's Meridian: 383-0190

Intermountain: 383-0190

Location: St. Luke's Boise Rm # _____ St. Luke's Meridian Rm # _____ Intermountain Rm # _____

Complete This Section and Fax

Contact Person: _____ **Unit Phone:** _____ **Unit Fax #:** _____

Clinical Resource Manager: _____ **Clinical Resource Mgr. Ph:** _____

Scheduling Priority: within 36 hrs within 48 hrs within 72 hrs May be seen as out patient

Patient Name: _____ **DOB:** _____

Date of Admission: _____ **Anticipated Discharge Date:** _____

Ordering Practitioner: _____ **Admit Diagnosis:** _____

Education Needed: Monitor Insulin DKA Hypoglycemia Pregnant

Child New Type 1 New Type 2 **Other** _____

Behavioral Health inpatient with Dr. Walters R/T DM

Special Needs: Vision Hearing Physical Cognitive Impairment Language

Interpreter: Language spoken: _____

Additional Information:

Yes No **Is this New Insulin Start?**

Yes No **Does Patient Wear an Insulin Pump?**

Yes No **On Insulin Before Admission**

Yes No **Patient has Glucose Meter for Home Use?**

Yes No **Should Family Member Be Present?**

Insurance/Financial Medicare Medicaid Private None