



*The pharmacy  
that cares for you.*

# Physician Referral Form DIABETES SELF-MANAGEMENT TRAINING

## I.D.E.A.-Individual Diabetes Education\* and Awareness Program

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Diabetes Diagnosis:  Type 1  Type 2 ICD9 Code: \_\_\_\_\_

Labs: (Please complete the following or attach a copy of most recent results.)

FBS _____ mg/dl	Date: _____
HgbA1c _____ %	Date: _____
Microalbumin _____	Date: _____
Total Cholesterol _____ mg/dl	Date: _____
LDL _____ mg/dl	Date: _____
HDL _____ mg/dl	Date: _____
Triglycerides _____ mg/dl	Date: _____

Check one of the following reasons for referral:

- New onset diabetes
- HbA1C >8.5% for 2 consecutive readings  $\geq 3$  months apart
- Initiation of any diabetes medication or change from oral medication to insulin
- Documented acute episodes of severe hyperglycemia in the past year
- High risk based on the following complications: lack of feeling in feet, retinopathy, or kidney complications

Physician Information:

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

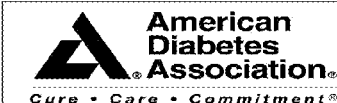
Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: Sweta Chawla, PharmD, MS, CDE

Phone: (718) 230-3535 ext 23

Fax referral: (718) 230-0596

**Kings Pharmacy 357 Flatbush Avenue, Brooklyn, NY 11238**



\*The American Diabetes Association Recognizes  
this education service as meeting the National  
Standards for Diabetes Self-Management Education.