

### Diabetes Management Class for MLH Associates

*Call the above number to enroll in a class and then send form to above fax or email*

Patient Name:		DOB:	
Home Phone:		Cell #:	
Street Address:		City:	
State:	Zip:	Insurance:	
<b>Diabetes Diagnosis</b>			
<input type="checkbox"/> Type 1 Diabetes Newly Diagnosed		<input type="checkbox"/> Type 1 Diabetes, Controlled	
		<input type="checkbox"/> Type 1 Diabetes, Uncontrolled	
<input type="checkbox"/> Type 2 Diabetes New Onset			
<input type="checkbox"/> Type 2 Diabetes, Diet Controlled		<input type="checkbox"/> Type 2 Diabetes Uncontrolled	
<input type="checkbox"/> Type 2 Diabetes, Oral Medication Controlled: _____			
<input type="checkbox"/> Type 2 Diabetes, Insulin Controlled: _____			
<input type="checkbox"/> Pre-Existing Diabetes with Pregnancy		<input type="checkbox"/> Gestational Diabetes	
<b>Diabetes Lab Results (Please send most recent lab report)</b>			
HbgA1c:	Date:		
FBS:	Date:		
Oral Glucose Tolerance Test:	FBS: 1 Hr:	2 Hr:	3 Hr:
Blood Pressure:	Date:		
Other Lab Test Results:			
<b>Treatment: Diabetes Self-Management Program (Check all that apply to the patient)</b>			
<input type="checkbox"/> Type 1 DM for one-on-one instruction		<input type="checkbox"/> "New to Insulin" Instruction	
<input type="checkbox"/> Type 2 Diabetes Management Class: includes: Preventing DM Complications / DM Self Care			
<input type="checkbox"/> Other Individual conditions that apply (list): _____			
<input type="checkbox"/> Gestational Diabetes Management Instruction			
<b>Appointment Scheduled on date:</b> _____		<b>Call 901-821-6700 to schedule</b>	
Please add special instructions or goals if indicated			
_____ <b>Physician's Signature</b>		_____ <b>Print Name</b>	_____ <b>Date/Time</b>
Practice Office Phone:		Fax:	