

NATIONAL DIABETES EDUCATION PROGRAM (NDEP)

# Clinical Summary for New Health Care Team

Form to be completed, signed, and dated on back page by referring physician and patient.  
 Patient and family to review and give completed form to new adult health care provider.

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Diabetes type: Type 1  Type 2  Date diabetes diagnosed: \_\_\_\_\_

Problem List and Date of Onset

Insulin Types	Dosage	Schedule
Pump:		
Syringe or Pen:		

All Other Medications	Dosage	Schedule

**Self-monitoring:**

Blood glucose? No  Yes  Method \_\_\_\_\_ Frequency \_\_\_\_\_

Continuous glucose sensor? No  Yes  Brand/Model \_\_\_\_\_

Ketones? No  Yes  When \_\_\_\_\_

Other? \_\_\_\_\_

**Recent Laboratory Values**

Check if lab reports are attached

Date	A1C (2 values)	Chol/LDL/ HDL/Trig	Urine Albumin	eGFR

**Recent Clinical Exam/Test Results:**

Blood Pressure and Date	Dilated Eye Exam and Date	Sensory Foot Test and Date
Current Weight	Height	BMI

Other exam/test results:

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Most recent diabetes education consult:

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Most recent nutrition consult:

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Diabetes-related hospitalizations:

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History and cause of DKA:

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Allergies/alerts:

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Participation in clinical research? Past  Current  Which study?

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Additional comments/information such as X-rays, biopsies, and other test results:

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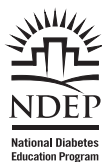
Patient/family comments:

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Patient Signature and Date	Referring Physician Signature and Date
	Contact Information



To learn more about living well with diabetes contact NDEP:

1-888-693-NDEP (6337), TTY: 1-866-569-1162 or [www.YourDiabetesInfo.org](http://www.YourDiabetesInfo.org)

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