

Chicago Southeast Diabetes Community Action Coalition  
Form A.2

**REFERRAL FOR  
DIABETES  
EDUCATION**

Logo

IRB Stamp

Name \_\_\_\_\_ Clinic # \_\_\_\_\_  
 Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Diabetes Type: G 1 G 2 G GDM Male Female  
 Address: \_\_\_\_\_ FL/APT \_\_\_\_\_ Zipcode |\_\_|\_\_|\_\_|\_\_|\_\_|  
 Telephone: \_\_\_\_\_ Contact Tel: \_\_\_\_\_  
 Provider/Clinician \_\_\_\_\_ Clinic \_\_\_\_\_  
 CONTROL: Good G Fair Poor HbA1c \_\_\_\_ % (date : \_\_\_\_\_) Onset of Diabetes: \_\_\_\_\_ Yrs  
 EXERCISE CLEARANCE: No Limitations Low Impact Other: \_\_\_\_\_  
 Barriers to Learning/Participation: Sight Hearing Literacy Transportation Mobility Other:  
 Completed by \_\_\_\_\_ Date \_\_\_\_\_

INDIVIDUAL EDUCATION PLAN				
LEARNING AREAS		/ PROBLEM/CONCERN	/LEARN	FEEDBACK
<b>Complications</b>	Foot/Skin Care			
	Eye/Retinopathy			
	Cardiovascular			
	Kidney			
	Neuropathy			
Other Chronic Cond.				
<b>Diabetes</b>	Basic Concepts			
	Diet/Nutrition			
	Weight Loss			
	Medication			
	Exercise			
	Glucose Meter			
	Hyperglycemia			

	Hypoglycemia			
	Hemoglobin A1c	G (#6%)		G
	Hypertension (135/85)	BP: /		
	Lipids	HDL LDL Trigly		
	Immunizations (flu)			
	Psychosocial/Coping			
	Social/Family Support			
	Access to Resources			

/ COMMUNITY/SUPPORTIVE RESOURCES NEEDED (Optional)

Food                      Food Stamps    Home Health    SSA Disability Determination  
 Legal                      Transportation    Housekeeping    Disability/Aging Services  
 Financial                      Exercise Facilities    Mental Health    Prescription/Supplies Assistance  
 Insurance                      Clinical Trials    Housing/Shelter    Language/Interpreter Services  
 Stress Management    Spiritual/Church    Other: \_\_\_\_\_

FEEDBACK    BY

Date