

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

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|--------------------------|--|-----------------|
| TO: Diabetic Educator | FROM: (Requesting physician or activity) | DATE OF REQUEST |
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REASON FOR REQUEST (Complaints and findings)

- Diabetic instruction: Diabetic overview / Type 1
 Diabetic overview / Type 2

PROVISIONAL DIAGNOSIS

Diabetes - Type 1 / Diabetes - Type 2

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|--------------------|----------|---|-----------------------------------|------------------------------------|
| DOCTOR'S SIGNATURE | APPROVED | PLACE OF CONSULTATION | <input type="checkbox"/> ROUTINE | <input type="checkbox"/> TODAY |
| | | <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL | <input type="checkbox"/> 72 HOURS | <input type="checkbox"/> EMERGENCY |

CONSULTATION REPORT

RECORD REVIEWED YES NO PATIENT EXAMINED YES NO

Subjective: ___ year old male female diagnosed with Type ___ diabetes.

Objective: Initial instruction provided on:

- General facts/pathophysiology of diabetes/definition
- Diabetes management components
- Acute complications: Hypo/hyperglycemia (Causes, treatment and prevention)
- Chronic complications: Kidney disease, cardiovascular, neuropathy and retinopathy
- Relationship between diet, exercise and medication to blood glucose
- Illness and sick day guidelines
- Oral agents: _____ (Indications, actions, possible side-effects; Pharmacy printout provided)
- Insulin: Indications, types, concentration and actions; amounts and times to be taken
- Injection sites and site rotation; insulin storage and sharps disposal
- Nutrition and meal planning basics
- Foot care
- Social support systems
- Patient handouts given: _____
- Video shown: _____

- Assessment: Patient verbalizes understanding of above instruction
 Patient did not provide satisfactory return demonstration of preparation of insulin and injection

- Plan: Clinic phone number given with instruction to call as needed for questions and/or review
 Clinic phone number given to schedule appointment with health care provider in ___ weeks months for health updates
 Other recommendations: _____

(Continue on reverse side)

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|---------------------|--------------|--------------|----------|
| SIGNATURE AND TITLE | | | DATE |
| IDENTIFICATION NO. | ORGANIZATION | REGISTER NO. | WARD NO. |

PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; rank; rate; hospital or medical facility)

*U.S. GPO: 1994-377-624

CONSULTATION SHEET

Medical Record