



National Diabetes Education Program

A program of the National Institutes of Health and the Centers for Disease Control and Prevention

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

(over)

NATIONAL DIABETES EDUCATION PROGRAM (NDEP) CLINICAL SUMMARY FOR NEW HEALTH CARE TEAM
Continued

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:

Most recent diabetes education consult:

Most recent nutrition consult:

Diabetes-related hospitalizations:

History and cause of DKA:

Allergies/alerts:

Participation in clinical research? Past ☐ Current ☐ Which study?

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

Patient/family comments:

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
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