



# National Diabetes Education Program

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

## Pediatric to Adult Diabetes Care 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  Type 2  Other: \_\_\_\_\_ Date diabetes diagnosed: \_\_\_\_\_

Problem List and Date of Onset

### Complete for patients on Multiple Daily Injections:

Basal insulin: \_\_\_\_\_ Syringe or Pen: \_\_\_\_\_ Dose: \_\_\_\_\_ Schedule: \_\_\_\_\_  
Bolus insulin: \_\_\_\_\_ Syringe or Pen: \_\_\_\_\_  
Set dose: \_\_\_\_\_ [OR] Insulin-to-Carbohydrate Ratio: \_\_\_\_\_ Schedule: \_\_\_\_\_  
Sensitivity Factor: \_\_\_\_\_ Target for correction: \_\_\_\_\_ When to correct: \_\_\_\_\_

### Complete for patients using Insulin Pump Therapy:

Make and Model Number: \_\_\_\_\_ Date of current pump acquisition: \_\_\_\_\_  
Infusion sets used: \_\_\_\_\_ Insulin used in pump: \_\_\_\_\_  
Basal rates: \_\_\_\_\_  
Bolus set dose: \_\_\_\_\_ [OR] Insulin-to-Carbohydrate Ratio: \_\_\_\_\_ Schedule: \_\_\_\_\_  
Sensitivity Factor: \_\_\_\_\_ Target for correction: \_\_\_\_\_ When to correct: \_\_\_\_\_

All Other Medications	Dosage	Schedule

### Self-monitoring:

Blood glucose? No  Yes  Brand/Model \_\_\_\_\_ Frequency \_\_\_\_\_  
Continuous glucose sensor? No  Yes  Brand/Model \_\_\_\_\_  
Ketones checks? No  Yes  When \_\_\_\_\_  
Other? \_\_\_\_\_

### Recent Laboratory Values

Check if lab reports are attached

Date	A1C	Chol/LDL/HDL/Trig	Urine Albumin/Creat	T4/TSH	Celiac Panel

(over)

**NATIONAL DIABETES EDUCATION PROGRAM (NDEP)**  
*Clinical Summary for New Health Care Team*  
*Continued*

**Recent Clinical Exam/Test Results:**

Date	Weight	Height	BMI

Date	Blood Pressure	Dilated Eye Exam	Sensory Foot Exam

Other exam/test results: \_\_\_\_\_  
 \_\_\_\_\_

Most recent diabetes education consult: \_\_\_\_\_  
 \_\_\_\_\_

Most recent nutrition consult: \_\_\_\_\_  
 \_\_\_\_\_

Any significant hypoglycemic episodes in last 2 years? (e.g. seizure, coma, inability to care for oneself?) No  Yes   
 Circumstances: \_\_\_\_\_

Does patient have hypoglycemic unawareness? No  Yes

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: \_\_\_\_\_  
 \_\_\_\_\_

Psychosocial issues\* (e.g. living situation, sexual activity, alcohol/tobacco/drug use, support system depression): \_\_\_\_\_  
 \_\_\_\_\_

\*For more information on assessing psychosocial issues in adolescents, see the [HEEADSSS assessment](#).

Patient Signature and Date	Referring Physician Signature and Date
	Contact Information



January 2014

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)