

The information requested is necessary to help counselors determine eligibility and/or a plan for rehabilitation services for the person named.

Return Information

Return report to (name):		Telephone number: ()	
Address:	City:	State:	ZIP code:

Customer Data

Customer's name:	Birth date:	Case ID number:	Telephone number: ()
------------------	-------------	-----------------	--------------------------

Reported Disability(ies):

Complications/Comorbidities:

- Hypertension Dyslipidemia Stroke Neuropathy
- Peripheral Vascular Disease Kidney disease Retinopathy
- Congenital heart defects or Coronary heart disease depending Non-healing wound
- Pregnancy Obesity Mental/affective disorder
- Other:

Diagnosis

Diagnoses (Please include ICD 10 codes):	Primary site:
--	---------------

If relevant – does patient know he or she has cancer? (enter X to select) Yes No

Is there known metastasis? (enter X to select)	Probable metastasis?
Yes No	Yes No

Treatment received (list surgical procedures, other modalities used):

Medications

Prescribed Medications/Dosage	Indications (Purpose)	Possible side effects

Is additional treatment anticipated? (enter X to select) Yes No

List type and estimated length of time:

Current physical findings (include noncancerous conditions):

Is patient motivated toward hopeful functional recovery? (enter X to select) Yes No

Is patient compliant with recommended treatment regimen? (enter X to select) Yes No

Plans for medical follow-up:

Need for prostheses, devices, appliances (e.g., artificial limb, blood glucose monitor, continuous glucose monitor, insulin pump, etc.):

Current Lab Tests

The most current lab results are attached. Individualized targets noted below.

Please complete the following for any available results not on a current lab sheet.

The American Diabetes Association Standards of Care recommends individualization of targets. Please document any deviations for the above customer from these target goals considering their medications and disabilities. Pre-prandial blood sugar: 80-130 mg/dL; Postprandial blood sugar: <180 mg/dL; Target Range: 70-180 mg/dL; Hemoglobin A1c: <7% (8% for multiple coexisting chronic illness or 2+ instrumental ADL impairments); GFR >60 mg/g; HDL: >35 mg/dL; Triglyceride level <150 mg/dL.

Test	Result	Date Test Performed	Individualized Target
Pre-prandial blood sugar			
Postprandial blood sugar			
Target Range (CGM)			
Hemoglobin A1c			
Glomerular Filtration Rate			
High Density Lipoprotein			
Triglycerides			

Prognosis

General (based on past experience with this diagnostic group):

Specific (as related to this particular patient):

Employment Potential

Return to former occupation? (enter X to select) Yes No

Limitations (number of hours, environment, etc.):

Functional and Disease Classification

Functional Classification (Enter X to select one):

Able to carry on normal daily activities and/or to return to previous environment.

Able to carry on normal daily activities and/or should return to full-time employment within the limits of disability.

Able to carry on normal daily activities and/or should return to part-time employment within the limits of disability.

Able to work under protected conditions and/or is able to live at home and care for personal needs.

Unable to work and/or requires considerable assistance and medical care.

Unable to care for self and requires the equivalent of institutional or hospital care.

Advanced, rapidly progressing disease.

Extent of Disease Classification (Enter X to select one):

No evidence of residual, recurrent, or metastatic disease.

Evidence of residual or recurrent disease.

Evidence of distant or generalized metastases.

Extent of involvement:

Remarks:

All information is to be treated as confidential.

Examinee has the legal right to see this report when the examinee requests.

Type or print physician's name:

Telephone number:

()

Address:

City:

State:

ZIP code:

Examining physician's signature:

Date of examination:

X