

## TRANSITION SUMMARY

### Reason for Transition:

.....

### Transition Readiness Assessment:

.....

### Diabetes Type

- Type of Diabetes \*\*\*
- Year Diabetes was Diagnosed \*\*\*
- Symptoms at Time of Diagnosis \*\*\*
- Antibody Testing (positive/negative): \*\*\* Will be pulled automatically
- If Antibodies not performed, please provide reason \*\*\*
- C-peptide \*\*\* ng/mL (Date performed \*\*\*) Will be pulled automatically

### Degree of Diabetes Control:

- Last Hemoglobin A1c \*\*\*%

Range of Hemoglobin A1c over past 3 years \*\*\*% Will be pulled automatically

- Number of episodes of DKA after diagnosis \*\*\*
  - Date of last DKA: \*\*\*
- Number of episodes of Severe Hypoglycemia (requiring glucagon or associated with seizure) \*\*\*
  - Date of last Severe Hypoglycemic Event: \*\*\*
- Other Diabetes Complications: \*\*\*

### Treatment Regimen

### Former DM treatment:

## **Reason for discontinuation**

### **Current Insulin Regimen:**

{Diabetes Insulin Management:27961}

Target Blood Glucose: 100 mg/dL \*\*\*

Provider assessment of ability to use insulin pump:

\*\*\*

Provider assessment of ability to use insulin-to-carbohydrate ratios/sensitivity factor:

\*\*\*

## **Glucose Monitoring**

**Glucometer** \*\*\*

**CGM** \*\*\*

**If not on CGM, reason** \*\*\*

## **Diabetes Health Maintenance:**

- Last Nutrition Visit \*\*\*
- Last Diabetes Education Visit \*\*\*
- Last Dilated Ophthalmology Exam \*\*\*
- Last Dental Visit \*\*\*

Yearly Laboratory Tests (make sure to include hemoglobin A1c, lipid panel, creatinine, TSH, urine microalbumin/creatinine ratio)

\*\*\*Will be pulled automatically

## **Social History and Support:**

Primary Caregiver/Social Support: \*\*\*

- Who comes to visits with patient? \*\*\*

Lives with: \*\*\*

Level of Education: \*\*\*

Employment: \*\*\*

History of Substance Use: \*\*\*

History of Disordered Eating: \*\*\*

History of Mental Illness: \*\*\*

Identified Barriers to Diabetes Care: \*\*\*

**Other Pertinent Medical/Surgical History:**

Please explain any other medical history which may influence glucose control in terms of medications such as glucocorticoids or immunosuppressants, or other medical conditions which may be a barrier to diabetes self-management and control.

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Referring Pediatric Endocrinologist:

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Primary Care Provider: @PCP@