**Discharge Letter**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear patient,

You were referred to our Endocrinology Clinic for assessment of your **Type 2 Diabetes**. At this time, you no longer need follow-up at our clinic.

This letter includes your care instructions, diabetes history, and test results. Please follow up with your primary care provider. They will also receive a report with this information.

# Care instructions

Be sure that you get the following exams and tests through your family doctor or primary care provider:

* A1C and creatinine every 6 months
* Lipids, ACR, BP, foot exam once a year
* Eye exam every 1 to 2 years, as recommended by your eye care professional
* Review patient self management records (Continuous Glucose Monitor or Capillary Blood Glucose) if appropriate

Optional:You can get support through your local Diabetes Education Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Diabetes history

Year you were diagnosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications to lower your glucose:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

Other diabetes medications:

|  |  |
| --- | --- |
| Statin |  |
| ACEi/ARB |  |
| Aspirin |  |
| GLP-1RA |  |
| SGLT-2 inhibitor |  |
| Icosapent ethyl |  |
| Finerenone |  |

Vascular complications:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Results from laboratory investigations

|  |  |  |
| --- | --- | --- |
| Test | Result | Date |
| A1C |  |  |
| LDL |  |  |
| ACR |  |  |
| Creatinine/eGFR |  |  |

# Results from clinical assessment

|  |  |  |
| --- | --- | --- |
| Test | Result | Date |
| Foot exam |  |  |
| Eye assessment |  |  |
| Blood pressure |  |  |