



Physician Referral and Plan of Care for Diabetes Self-Management Training



Please complete the following **Physician Referral and Plan of Care for Outpatient Diabetes Self-Management Training** – as required by Medicare:

1. PATIENT INFORMATION

Name: _____

Date of Birth: _____

Phone (H): _____ (W) _____

Referring MD: _____

Insurance Co: _____

Authorization #: _____ #Visits _____

Verified by _____ Ph. _____

2. DIAGNOSIS *See ADA Diagnostic Criteria at bottom of page

Type 1 Diabetes Type 1 Pregnancy

Type 2 Diabetes Type 2 Pregnancy

Gestational Diabetes Metabolic Syndrome

Impaired Glucose Tolerance, IGT (OGTT: 2 hr, PG 141-199)

Impaired Fasting Glucose, IFP (fasting glucose 111-125)

Non-urgent

Urgent: Reason _____

For services to be covered by Medicare and other insurers, you MUST SPECIFY the following:

3. REASON FOR REFERRAL

- New Diagnosis
- Uncontrolled Diabetes
- Change in Treatment Regimen
- Frequent episodes of Hypoglycemia or Hyperglycemia
- High Risk for Complications
- Starting on Insulin
- Insulin Pump Training: Basal Rates _____
Correction Factor _____
Insulin to Carb Ratio _____
- Annual follow-up education (explain) _____

4. DIABETES COMPLICATIONS

- Hypoglycemia Unawareness
- Peripheral Vascular Disease
- Cardiovascular
- Nephropathy
- Neuropathy
- Retinopathy

5. MD ORDER

- Comprehensive Diabetes Self-Management Training
- Diabetes Medical Nutrition Therapy Only
- Annual Education Re-evaluation of Patient who previously attended program
- Gestational Diabetes Program: # Weeks Gestation _____ EDC Date: _____

6. TREATMENT PLAN

- Oral Meds: Type/Dose _____
- Insulin Regimen: Type/Dose _____
- Medical necessity to purchase blood glucose monitoring supplies. Frequency: _____
- Exercise: Walk 3 – 5 times per week for 30 – 45 minutes.

7. PLEASE FAX: MOST RECENT LABS AND A LIST OF THE PATIENT'S MEDICATIONS TO:

Phone (828) 757-6450 - FAX (828) 757-6454 – Quest4Life Wellness Center

Labs: A1c _____ Blood Glucose _____ Total Cholesterol _____ HDL _____ LDL _____ Triglycerides _____

Comments: _____

Physician's Signature _____ Date: _____

Note: The Center for Diabetes Health and The Quest4Life Wellness Center are divisions of Caldwell Memorial Hospital.

*ADA Criteria for Dx Non-pregnant Adult: Random BG \geq 200 plus classic symptoms; or FPG \geq 126; or OGTT 2 hr \geq 200. Each of these tests should be confirmed by an additional test on a subsequent day. This can be the same test (e.g., 2 FPGs) or a different test (e.g., random blood glucose followed by FPG).