

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**

- 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)  
 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  
 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  
 Medical Nutrition Therapy Only:     Diabetes     Impaired Glucose Tolerance     Metabolic Syndrome  
 Annual Education Re-evaluation of Patient who previously attended program  
 Gestational Diabetes Program: # Weeks Gestation \_\_\_\_\_ EDC Date: \_\_\_\_\_  
 72 Hour Continuous Glucose Monitor Program:  
    Results of study to be interpreted by:     Referring Provider     Other Provider: \_\_\_\_\_

**6. TREATMENT PLAN**

- Oral Meds: Type/Dose \_\_\_\_\_  
 Insulin Regimen: Type/Dose \_\_\_\_\_  
 Symlin Regimen: Dose \_\_\_\_\_     Byetta Regimen: Dose \_\_\_\_\_  
 Medical necessity to purchase blood glucose monitoring supplies. Frequency: \_\_\_\_\_

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

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

Labs: A1c \_\_\_\_\_ Blood Glucose \_\_\_\_\_ Total Cholesterol \_\_\_\_\_ HDL \_\_\_\_\_ LDL \_\_\_\_\_ Triglycerides \_\_\_\_\_

Comments: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

The Center for Diabetes Health is a division of Caldwell Memorial Hospital.