CALDWELL
UNC HEALTH CARE

CENTER FOR
DIABETES
HEALTH
a division of Caldwell Memorial Hospital

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

☐ 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:** _____

Phys.Ref.Medicare Rev. 6/05 tm

The Center for Diabetes Health & The Quest4Life Wellness Center
are divisions of Caldwell Memorial Hospital.