

Patient: _____

Address: _____

Phone: (H) _____ (W) _____ (Cell) _____

Date of Birth: _____ Sex: F ___ M ___ Social Security Number: _____

Insurance: _____ **Policy Number:** _____

Insurance Phone Number: _____ (or send a legible copy of patient's insurance card)

Physician: _____

MD Phone: _____ Fax: _____

Type of Diabetes _____ **ICD-9 Code** _____ **New Diagnosis: Yes** _____ **No** _____

Diabetes & Pregnancy: Type 1 _____ Type 2 _____ Gestational _____ Due Date: _____

Recent Labs or attach most recent results: **Height:** _____ **Weight (lbs.):** _____

Blood Glucose Date: _____ Fasting _____ Random _____ Date: _____ A1c _____

Lipid Panel Date: _____ Triglycerides _____ Total Cholesterol _____ HDL _____ LDL _____

Date: _____ BUN _____ Date: _____ Creatinine _____ Date: _____ Microalbumin _____

GTT Date: _____ Fasting _____ 1 hour _____ 2 hour _____ 3 hour _____

Reason for DSME (Diabetes Self-Management Education) and Plan of Care for Diabetes Management:

 ___ **Comprehensive DSME** (up to 10 hours of education) ___ Pre-Pump Assessment ___ Basic Skills Review 1-2 hrs

___ Nutrition Mgmt/Medical Nutrition Therapy ___ Gestational or Diabetes with Pregnancy ___ BG Monitoring

 ___ Annual 2 hr DSME (*for Medicare Only*) (after previous completion of a DSME program) ___ Uncontrolled BG Levels

___ Oral Agents for diabetes (name/dose/schedule) _____

___ Insulin Administration: (type/schedule) _____

___ Other injectable for diabetes (dose/schedule) _____

Other Medical Problems: _____

Other Medications: _____

Barriers to Learning (Possible Individual 1:1 Education needed): ___ Cognitive ___ Visual ___ Auditory

 ___ Impaired Mobility ___ Reading Skills ___ **Primary language if other than English:** _____

Comments: _____

Physician Signature (required): _____

 Patient will be called within 72 hours after referral is received. An appointment will be made as soon as possible. **If you wish for the patient to be seen immediately, please indicate under comments.** A written report will be sent to the physician after program completion. Thank you for the referral.

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