REFERRAL FORM
Diabetes Self-Management Training
Surry County Health & Nutrition Center

Education with Compassion

PATIENT/ PHYSICIAN INFORMATION

Patient's Name: _____ DOB: _____

Address: _____

Phone #: _____ SS#: _____

Insurance: _____

Physician Name: _____

Practice Name: _____

Phone #: _____

Fax #: _____

Diabetes self-management training (DSMT) and medical nutrition therapy (MNT) are individual and complementary services to improve diabetes care. For Medicare beneficiaries, both services can be ordered in the same year. Research indicates MNT combined with DSMT improves outcomes.

DIABETES SELF-MANAGEMENT TRAINING (DSMT)

Medicare: 10 hours initial DSMT in 12-month period, plus 2 hours follow-up DSMT annually

**Check type of training services and number of hours requested:*

- ☐ Initial Ind./Group DSMT (10 hours) or ☐ ___no. hrs. requested
- ☐ Follow-up DSMT (2 hours) or ☐ ___no. hrs. requested
- ☐ Additional insulin training (1 hour) or ☐ ___no. hrs. requested

*** Patients with special needs requiring only individual DSMT**

Check all special needs that apply:

☐ Vision ☐ Hearing ☐ Physical ☐ Cognitive Impairment
☐ Language ☐ Low Literacy ☐ Psychosocial Impairment
Other _____

*** DSMT Content:**

☐ **ALL TEN CONTENT AREAS, as appropriate**

- ☐ Diabetes as disease process
- ☐ Monitoring
- ☐ Nutritional management
- ☐ Medications
- ☐ Preconception/pregnancy management or gestational diabetes management
- ☐ Psychological adjustment
- ☐ Physical activity
- ☐ Goal setting, problem solving
- ☐ Prevent, detect and treat acute complications
- ☐ Prevent, detect and treat chronic complications

* DIAGNOSIS

- ☐ E11.9 Type 2 without complication
- ☐ E11.65 Type 2 with hyperglycemia
- ☐ R73.Ø9 PreDiabetes
- ☐ E1Ø.9 Type 1 without complication
- ☐ E1Ø.65 Type 1 with hyperglycemia
- ☐ Other: _____

Complications/Comorbidities

Check all that apply:

- ☐ Hypertension
- ☐ Dyslipidemia
- ☐ Coronary Artery Disease
- ☐ Non-healing wound
- ☐ Mental/affective disorder
- ☐ Chronic Renal Insufficiency
- ☐ Neuropathy
- ☐ Retinopathy
- ☐ Stroke
- ☐ Pregnancy
- ☐ Obesity
- ☐ PVD
- ☐ Other____

MEDICAL NUTRITION THERAPY (MNT)

Medicare: 3 hours initial MNT in the first calendar year, plus two hours follow-up MNT annually.

** Check the type of MNT:*

☐ **Initial Individual MNT** ☐ Annual follow-up MNT

***MD Signature required for MNT order**

CURRENT DIABETES MEDICATIONS

Oral: _____

_____

_____

Insulin: **(New initiation of Insulin? ____Yes ____No)**

_____

_____

Other Pertinent Meds: _____

_____

EXERCISE

Exercise restrictions? ___ No ___Yes: _____

LABS

	Results	Date	
HbA1C	_____	___/___/___	Age _____
Total Cholesterol	_____	___/___/___	Height _____
LDL	_____	___/___/___	Weight _____
HDL	_____	___/___/___	BMI _____
Triglycerides	_____	___/___/___	
Urine	_____	___/___/___	
Microalbumin	_____	___/___/___	

OGTT results:

Fasting_____ 1H_____ 2H_____ 3H_____ Date___/___/___

Any Other Special Instructions/Behavioral Goals or Plans

-Frequency of Blood Glucose Testing: _____

-Other: _____

_____

_____

***REQUIRED-Physician Signature:** _____ **NPI#:** _____ **Date:** ___/___/____

Other Provider Rendering Care: _____ **NPI#** _____ **Date:** ___/___/____

Please FAX or MAIL this completed referral form to the Surry County Health & Nutrition Center
118 Hamby Road, Dobson, NC 27017; FAX (336) 401-8408; Phone (336) 401-8419