

**PHYSICIAN REFERRAL FORM:**

**Patient's name:** \_\_\_\_\_ **SS#:** \_\_\_\_\_ **Health Insurance** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Diabetes Diagnosis:**

- Type1, controlled     Type1, uncontrolled     Type 2, controlled     Type 2, uncontrolled
- Gestational     Pre-Existing DM with Pregnancy     Pre-diabetes

**Current Treatment:**

- Diet & Exercise     Oral Agents: \_\_\_\_\_  Insulin \_\_\_\_\_

**Indicate one or more reason for referral:**

- Recurrent elevated blood glucose levels
- Recurrent Hypoglycemia
- Change in DM treatment regimen
- High risk due to Diabetes Complications/Co-morbid conditions:
  - Retinopathy     Neuropathy     Nephropathy     Gastroparesis     Hyperlipidemia
  - Hypertension     Cardiovascular disease     Other \_\_\_\_\_

**Recent Labs:**

- FBG \_\_\_\_\_ Date: \_\_\_\_\_
- HgbA1C \_\_\_\_\_ Date: \_\_\_\_\_
- Micro-albumin \_\_\_\_\_ Date: \_\_\_\_\_
- Total Cholesterol: \_\_\_\_\_ Date: \_\_\_\_\_
- HDL \_\_\_\_\_ Date: \_\_\_\_\_
- LDL: \_\_\_\_\_ Date: \_\_\_\_\_
- Triglycerides: \_\_\_\_\_ Date: \_\_\_\_\_

**Education Needed:**

- Comprehensive Self Management Skills (group)
- Comprehensive Self Management Skills (individual sessions)
- Insulin Instruction
- Basic Nutrition Management
- Medical Nutrition Therapy (MNT)
- Self blood glucose monitoring
- Management of Diabetes during Pregnancy/Gestational Diabetes Education
- Insulin Pump Instruction

**Indicate any existing barriers requiring customized education:**

- Impaired mobility     Impaired vision     Impaired hearing     Impaired mental status/cognition
- Impaired dexterity     Language barrier     Eating disorder
- Learning disability (please specify): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

I hereby certify that I am managing this beneficiary's Diabetes condition and that the above prescribed training is a necessary part of management. (Medicare patients)

**Physicians' signature: (Required)** \_\_\_\_\_

**Physician's Name (Printed):** \_\_\_\_\_