



* = Required field

Referral Form: Diabetes Self-Management Training (DSME) and Medical Nutrition Therapy (MNT)

1407 Whisenant Drive
Duncan, OK 73533

Phone: 580-251-8461 Fax: 580-251-8869

*Patient Name *DOB *Phone *Gender SSN

*Address *City *State Zip

Ht. Wt. For GDM: pre-pregnancy Wt. Pregnancy EDC

Lab Results: Date HgbA1C

Cholesterol: Total HDL LDL Tryglycerides

*Diagnosis/Medical Necessity: Required, may choose more than one

- Type I Controlled, Type I Uncontrolled, Type II Controlled, Type II Uncontrolled, Pregnancy W/Preexisting Diabetes, Gestational Diabetes, Pre-Diabetes, Hypoglycemia, unspecified, Abnormal Glucose Tolerance Test, Metabolic Syndrome, Hypertriglyceridemia, Mixed Hyperlipidemia, Hypercholesterolemia, Hypertension, Abnormal Weight Loss, Abnormal Weight Gain, Other: if checked define

*Patient Information/Comorbidities: Required, may choose more than one

- Newly Diagnosed, Inadequate Control, Recurrent hypoglycemia or hypoglycemia unawareness, Recent/frequent hospitalization DKA or HHS, Change in treatment regime, Chronic complications/Comorbidities: Retinopathy, Nephropathy, Neuropathy, Dermopathy, Renal Disease, Dyslipidemia, Non-Healing wound: Location, Hypertension, CVD, PVD, CVA

Exercise: Medically released for exercise? Y N

Pregnancy with diabetes (type I, II, Gestational)

*Training Education Requested: Required, may choose more than one

- DSMT initial training/comprehensive group class (10 hours), DSMT follow up (Medicare 2 hour each follow up year), Medical Nutrition Therapy (Medicaid 6 hr per year, Medicare 3 hr during the initial year & after that 2 hr for follow up annually), Individual training due to learning barrier or special needs (10 hours): if checked, must select option(s) below, Existing Barriers to learning/special needs: Cognitive impairment, Hearing Impairment, Psychological/Mental Disorder, Visual Impairment, Learning Disabilities, Language Limitations, Other: if checked define

DEFINITION OF DIABETES (MEDICARE):

Medicare coverage of DSMT and MNT requires the physician to provide documentation of a diagnosis of diabetes based on one of the following:
• a fasting blood sugar greater than or equal to 126 mg/dl on two different occasions or..
• a 2 hour post-glucose challenge greater than or equal to 200 mg/dl on 2 different occasions or..
• a random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes

Source: Volume 68, #216, November 7, 2003, page 63,261/Federal Register. Other payors may have other coverage requirements.

*Physician's Signature Print name clearly

*Date/Time: Phone: Fax: