



ADULT DIABETES EDUCATION REFERRAL FORM

0822

→ = REQUIRED INFORMATION BY MOST INSURERS

Patient Name		DOB
First Name	Last Name	

Please FAX this form to Diabetes Treatment Center (DTC) at (909) 558-3023
 DTC Telephone # (909) 558-3022
 Address and directions to DTC on back of this form

DTC accepts most insurances including Medicare, Medi-Cal, Managed Care and PPO's.

→ **DIAGNOSIS** - Check (✓) all that apply:
 (Pre-diabetes education not covered by health insurance - offered fee-for-service)

Type 2 diabetes, uncontrolled Type 1 diabetes, uncontrolled
 Secondary diabetes Pre-diabetes

→ **REASON(S) FOR REFERRAL** - Check (✓) all that apply:

Recurrent elevated blood glucose Recurrent hypoglycemia Retinopathy
 Change in diabetes treatment regimen Neuropathy Chronic kidney disease
 Nephropathy Dyslipidemia Non-healing wound
 Cardiovascular disease Hypertension Other:

→ **LANGUAGE PREFERENCE** English Spanish Other:
 Group education required by most insurers unless patient has barriers to group education. For individualized education, see 1:1 Education below

GROUP EDUCATION

COMPREHENSIVE EDUCATION (CE) classes (5 classes total 10 hours)

BASIC NUTRITION CLASS - 1½ hour class
 Includes role of carbohydrates, proteins, fats and sodium in diabetes diet, portion sizes and hands-on meal planning.

CARBOHYDRATE COUNTING CLASS - 1½ hour class *PREREQUISITES: CE OR BASIC NUTRITION CLASS*
 Intended for initial and refresher insulin pump training. Also intended for multiple daily insulin injection users.

REFRESHER CLASS - 2 hour class *MUST HAVE CE PREVIOUSLY*
 Intended as annual refresher and education update.

1:1 EDUCATION

SELECT 1:1 EDUCATION SESSION TYPE(S) three to six 1 hour sessions. Check (✓) all that apply:

Comprehensive education Carbohydrate counting
 Basic nutrition Refresher education

→ **REASON(S) for 1:1 EDUCATION** (convenience not recognized by insurers). Check (✓) all that apply:

Impaired vision Impaired hearing Language other than Spanish/English
 Eating disorder Impaired mental status/cognition
 Learning disability (please specify): _____

CONTINUOUS GLUCOSE MONITORING
 Sensor placement for glucose reading every 5 minutes for 72 hours, downloading and interpretation to detect nocturnal hypoglycemia, postprandial hyperglycemia and erratic blood glucose excursions.

NURSE PRACTITIONER GLYCEMIC CLINIC - Check (✓) services requested:

CONSULTING SERVICES
 Insulin initiation with 1 follow-up visit Insulin dose adjustment with 1 follow-up visit
 Insulin pump training with follow-up until independent safe use

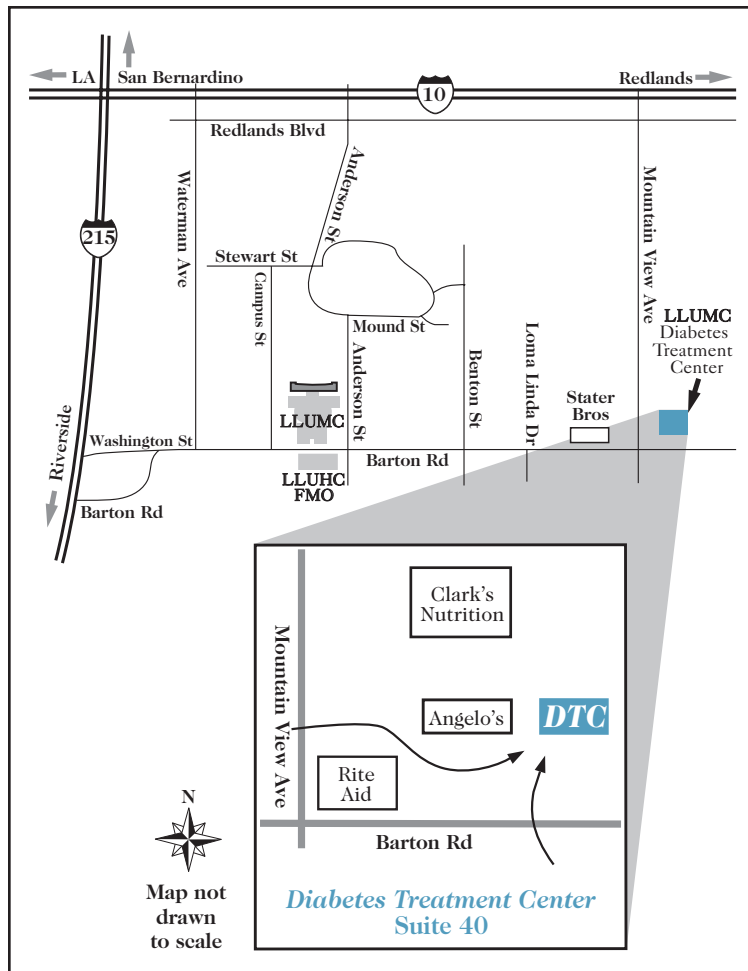
ONGOING SERVICES
 Multiple daily insulin injections management Insulin pump management

Please FAX most recent labs with referral to DTC: HgbA1c, Lipid Panel, Microalbuminuria.

Physician/Practitioner Name (print): _____ Pager # (required): _____
 Physician/Practitioner Signature: _____ Date: _____ Time: _____



ADULT DIABETES EDUCATION
 REFERRAL FORM
 DIABETES TREATMENT CENTER - OUTPATIENT



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