DUNCAN REGIONAL HOSPITAL

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:

- ☐ Type I Controlled
- ☐ Type I Uncontrolled
- ☐ Type II Controlled
- ☐ Type II Uncontrolled
- ☐ Pregnancy W/Preexisting Diabetes
- ☐ Gestational Diabetes
- ☐ Impaired Fasting Glucose
- ☐ Pre-Diabetes
- ☐ Hypoglycemia, unspecified
- ☐ Abnormal Glucose Tolerance Test
- ☐ Abnormal Glucose, Non Fasting
- ☐ Metabolic Syndrome
- ☐ Hypertriglyceridemia
- ☐ Mixed Hyperlipidemia
- ☐ Hypercholesterolemia
- ☐ Wt Management/Obesity
  BMI _____ (>30 BMI required for Medicare Eligibility)
- ☐ Other: _____

Patient Information/Comorbidities:

- ☐ Newly Diagnosed
- ☐ Inadequate Control
- ☐ Recurrent hypoglycemia or hypoglycemia unawareness
- ☐ Recent/frequent hospitalization DKA or HHS
- ☐ Change in treatment regime

Exercise: Medically released for exercise? Y N

Chronic complications/Comorbidities:

- ☐ Retinopathy
- ☐ Nephropathy
- ☐ Neuropathy
- ☐ Dermopathy
- ☐ Hypertension
- ☐ CVD
- ☐ PVD
- ☐ CVA
- ☐ Renal Disease
- ☐ Dyslipidemia
- ☐ Non-Healing wound: Location _____

Training Education Requested:

- ☐ DSMT initial training/comprehensive group class (10 hours)
  Content includes: Disease process, monitoring, physical activity, nutritional management, medications, psychological adjustment, goal setting, problem solving, preconception management, prevent, detect & treat acute and chronic complications.
- ☐ Pregnancy with diabetes (type I, II, Gestational)

Insulin management

- ☐ Insulin start
- ☐ Intensive management with carbohydrate count
- ☐ Individual training due to learning barrier or special needs (10 hours)

Existing Barriers to learning/special needs:
☐ Cognitive impairment ☐ Hearing Impairment ☐ Physical Impairment
☐ Psychological/Mental Disorder ☐ Visual Impairment ☐ Learning Disabilities _____
☐ Language Limitations _____ ☐ Other _____

- ☐ 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)

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: _____