



# Diabetes Comprehensive Care Program Referral Form

Please print all information clearly.

Please be sure to FAX form to: 724 773-7641 (new fax number)

Patient's Name: \_\_\_\_\_ Physician's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: home \_\_\_\_\_ work \_\_\_\_\_

1° Health Insurance: \_\_\_\_\_ 2° Health Insurance: \_\_\_\_\_

Campus patient wishes to attend:  Heritage Valley Beaver  Heritage Valley Sewickley  Moon

Does patient have physician's approval to exercise?  Yes  No

**LABORATORY DATA** – Please complete or attach copy of lab results

Parameter	Result	Date Measured	Parameter	Result	Date Measured
Glycosylated Hemoglobin	_____	_____	LDL Cholesterol	_____	_____
Total Cholesterol	_____	_____	Triglycerides	_____	_____
HDL Cholesterol	_____	_____	Urine Albumin "Microalbumin"	_____	_____

**Current Medication List – Please attach a copy of patient's current medication list**

**Date of Diabetes Diagnosis:** \_\_\_\_\_

**Type of Diabetes** (Please mark one)

\_\_\_\_ Type 1 (250.01) \_\_\_\_ Type 1, uncontrolled (250.03) \_\_\_\_ Type 2 (250.00) \_\_\_\_ Type 2, uncontrolled (250.02) \_\_\_\_ Gestational (648.83)

**Other specify, including ICD-9 Code:** \_\_\_\_\_

**DIABETES SELF-MANAGEMENT TRAINING PROGRAM INCLUDES ALL OF THE FOLLOWING:**

Individualized Instruction with Diabetes Nurse Educator -1 hour (G0108)

Healthy Living with Diabetes Classes – Four group sessions – 9 hours (G0109)

*(for new diabetic patients or diabetic patients who have not yet attended any formal self-management education classes)*

Focused Annual Maintenance Education Program – 2 hours

*(for diabetic patients who have previously attended one of the above)*

Out-Patient Nutrition Clinic (Medical Nutrition Therapy) – (97802 & 97803)

*(Individualized determination of calorie level will be provided by a dietitian.)*

**OTHER DIABETES EDUCATION**

Insulin Pump Education

Insulin Preparation and Administration

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_



\*The American Diabetes Association Recognizes this education service as meeting the National Standards for Diabetes Self-Management Education.

Heritage Valley Health System's Diabetes Comprehensive Care Program has been recognized by the American Diabetes Association for Quality Self-Management Education\*