

Diabetes Self-Management Education Program REFERRAL FORM

Client's Name: _____ **SS#:** _____ **Health Insurance:** _____
Address: _____

DOB: _____ **Phone #:** _____ **Today's Date:** _____

Diabetes Diagnosis:

Type 2, controlled 250.00 Type 2, uncontrolled 250.02 Other: _____

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 _____

Height: _____ **Weight:** _____ **BMI:** _____

Recent Labs:

<input type="checkbox"/> FBG: _____	Date: _____
<input type="checkbox"/> A1C: _____	Date: _____
<input type="checkbox"/> Micro-albumin: _____	Date: _____
<input type="checkbox"/> Total Cholesterol: _____	Date: _____
<input type="checkbox"/> HDL: _____	Date: _____
<input type="checkbox"/> LDL: _____	Date: _____
<input type="checkbox"/> Triglycerides: _____	Date: _____
<input type="checkbox"/> BP: _____	Date: _____

Education Needed:

- Comprehensive Self Management Skills (group) Basic Nutrition Management
- Comprehensive Self Management Skills (individual sessions) Self blood glucose monitoring
- Insulin Instruction Insulin Pump Instruction
- Medical Nutrition Therapy (MNT) (**Please use OCHD MNT Referral Form**)

Indicate any existing barriers requiring customized education:

- Impaired mobility Impaired vision Impaired hearing Impaired dexterity
- Language barrier Impaired mental status/cognition 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)

Provider's Name (Printed): _____ **Practice Name:** _____

Provider's Signature (Required): _____ **NPI #** _____

Office Address, Phone Number: _____

Please Make an Appointment for Your Patient:
919-245-2400

Please Fax Referral Form to: 919-644-3312
For Questions, Please Call: 919-245-2381

Orange County Health Department

Diabetes Self-Management Education Program

Referral Process

Thank you for making a referral to the Orange County Diabetes Self-Management Education (DSME) Program. Your patients are important to us, and we want to ensure that they receive the appropriate care in a timely manner. Please review the following guidelines to make this process both efficient and effective.

- The medical provider should complete the Orange County DSME Program referral form. The referral form **must** include the following:
 - diabetes diagnosis
 - recent A1C test results
 - blood pressure reading
 - medical provider's signature and NPI number
- Please fax the referral form to 919-644-3312. The Orange County Health Department is HIPAA compliant and referrals are received by a secure fax machine.
- Please either schedule your patient for the DSME Program initial appointment prior to him/her leaving your office or ask the patient to call to schedule the appointment: 919-245-2400.
- DSME Program staff will call clients to schedule appointments when their schedule permits. If DSME Program staff are unable to reach the client after three attempts or the client declines services, staff will fax this information to the medical provider to complete the referral process. The medical provider may refer the client again as needed.
- If the client misses a scheduled appointment, DSME Program staff will attempt to re-schedule. Staff will notify the referring agency when a client misses two consecutive appointments and request that the medical provider refer again as needed.
- Once the client has completed the DSME Program, staff will fax a follow-up report to the referring medical provider.

If you have questions or concerns regarding this process, please feel free to contact DSME Program staff, 919-245-2381. Thank you once again for your referral.

Renée Kemske, MPH, RD, LDN
Southern Human Services Center
919-245-2418
Whitted Human Services Center
919-245-2380

