

Mercy Diabetes Education & Self-Management Program Referral

Fax referral form to Diabetes Education prior to appointment. See back of form for fax number.
Call 608-741-2459 or 866-520-6332 to schedule appointment.

Please complete all areas below:

I am referring my patient to the Diabetes Education & Self-Management Program:

Referring Dr: _____

Patient Name: _____
{ or place patient sticker }

Patient Home Phone: _____

DOB: _____

Patient Work Phone: _____

Present Diagnosis (Check all that apply):

(Must have primary diabetes diagnosis)

- | | |
|---|---|
| <input type="checkbox"/> New Diagnosis – Date: _____ | <input type="checkbox"/> Gestational |
| <input type="checkbox"/> Type 1 | <input type="checkbox"/> Pre-existing Diabetes w/ Pregnancy |
| <input type="checkbox"/> Type 2 (Oral/Diet or Req. Insulin) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pre-Diabetes | |

Services to include: (Please check areas requested)

(see back of page for definitions)

- | | |
|--|---|
| <input type="checkbox"/> <u>Comprehensive Diabetes Education & Self-Management Skills</u> - Newly Diagnosed Patient, or diabetes patient who has not had diabetes education in the past. | <input type="checkbox"/> <u>Limited Diabetes Education & Self-Management Skills</u> - Previously Diagnosed Patient, or one with management issues; insulin pump prep. |
|--|---|

- A₁C-Ability to order as indicated.** (every 3-6 months)

Home SBGM frequency---- Patient to check _____ times/day to include the following:

- FBS Pre-meal Post-prandial (2 hrs standard) HS Other _____

BG level-target range: _____

Glucometer Type: _____
(type ordered or type patient has)

Special Instructions: _____

Insulin Pump Prep **Begin Insulin-Type/Dose-** _____

◆ **Current medications** – (Include Diabetes Meds) _____

◆ Existing barriers to learning? No Yes list: _____

◆ Restrictions to exercise program? No Yes-Specify: _____

Physician Signature _____ **Date** _____

**FAX REFERRAL FORM TO:
1-608-741-2438**

Janesville, & Walworth, WI , -- Harvard, & McHenry, & Woodstock, IL ,

**Comprehensive Diabetes Education & Self-Management Skills
For the Newly Diagnosed Patient or Diabetes Patient without prior education.**

Individual &/or Group education to include medical nutritional therapy.

Will include but not limited to:

- comprehensive overview of diabetes mellitus
- acute-chronic complications,
- lab and self blood glucose monitoring,
- hyper/hypoglycemia,
- glucagon instruction,
- medication administration/technique,
- foot, skin, dental and eye care,
- exercise, weight goals,
- diet/nutrition,
- sick day care,
- preconception, pregnancy, gestational care,
- life-style/behavior modification,
- psychological/social support for patient and family, and
- community/resource contacts.

**Limited Diabetes Education & Self-Management Skills
Previously Diagnosed or Having Self-Management Issues**

Individual education to include medical nutritional therapy

May include but not limited to:

- topics listed above under Comprehensive Diabetes Management & Self-Management Skills as identified by the patient and the Diabetes Educator.

Pre-Diabetes: may be defined as IGT (impaired glucose tolerance) or IFT (impaired fasting glucose)

Note: Medicare does not provide coverage for pre-diabetes education.