



# Saint Alphonus

DIABETES CARE & EDUCATION

Fax completed form to: (208) 302-0755

## DIABETES EDUCATION REFERRAL

Provider \_\_\_\_\_ Date \_\_\_\_\_

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M/F

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

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

**A1C:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Type of Referral** Please mark the type of referral service(s) being requested

- Diabetes Education (all content) & Medical Nutrition Therapy Referral: Assessment of patient needs and establish education program & plan**
- Other specific diabetes education content area(s):** \_\_\_\_\_
- Initiate and/or adjust diabetes medications:**  
**Medication management will be provided by an Advanced Practice Registered Nurse (Nurse Practitioner/Clinical Nurse Specialist)**
- Both Diabetes Education (all content), Medical Nutrition Therapy and APRN**

**Reason for Referral** Please mark the diagnosis below.

- Type 1 diabetes
- Type 1 diabetes complicated by pregnancy EDC: \_\_\_\_\_
- Type 2 diabetes
  - non-insulin requiring
  - insulin requiring
- Type 2 diabetes complicated by pregnancy EDC: \_\_\_\_\_
  - non-insulin requiring
  - insulin requiring
- Chemical or drug induced diabetes
- Gestational diabetes EDC: \_\_\_\_\_
- Other diabetes type: \_\_\_\_\_

Co-Morbidities:       Hypertension       Retinopathy       Foot ulceration  
 Please mark all that apply       Lipid abnormalities       Chronic kidney disease       Neuropathy

**Existing barriers which may present need for one to one rather than group instruction (please check all that apply)**

- Visual impairment
- Hearing impairment
- Low literacy
- Impaired mental status
- Impaired psychosocial status
- Physical impairment
- Other: \_\_\_\_\_

**If patient information is not located on NextGen or Cerner, please fax patient's most recent lab results, medication list and progress note along with referral.**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Healthcare Provider's signature** \_\_\_\_\_ **Date/Time** \_\_\_\_\_

## **How to refer patients for Diabetes Education and/or Management A simple guide for healthcare provider's offices:**

❖ **How to refer:**

- 1.** Fill out referral completely.
- 2.** Note any special considerations.
- 3.** Have the healthcare provider (MD, DO, NP, PA) sign the referral.
- 4. Fax referral to (208) 302-0755.**

❖ **Insurance Reimbursement:** Medicare, Medicaid, and many other insurance companies cover diabetes education services for individuals diagnosed with diabetes. **If the patient has Idaho Health Connections, please provide Health Connections referral with this referral to our clinic.**

❖ **Our documentation regarding patient visits will be located in the patient's EHR in NextGen.** If you are not using NextGen, a copy will be faxed to your office. These may be a part of the patient's office chart if you wish.

### **QUESTIONS?**

**Call (208) 302-0700 and we will be happy to help you.**

**Thank you for the referral!**

**Running low...**

**Order refills at this time!**

**Fax this form to:**

**Saint Alphonsus Diabetes Care & Education Center  
(208) 302-0755**

**Questions? Call us at (208) 302-0700**

**Healthcare Provider's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date of Request:** \_\_\_\_\_



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