

Diabetes Services Referral

Columbus Regional Health Endocrinology and Diabetes

815 Schnier Street Columbus, IN 47201

For appointments call – 812-376-5780 or Fax referral form to: 812-376-5781

Patient Name: _____ Patient Date of Birth: _____ Gender: __male __female
Physician signature: _____

Diagnosis

Type 1 Type 2 Gestational Diabetes in pregnancy Other: _____

Services provided:

- 1. Diabetes Self-Management Education (DSME)** – includes education for monitoring, nutrition management, physical activity, medications, psychological adjustment, problem solving, goal setting, prevention and treatment of acute and chronic complications
- 2. Medical Nutrition Therapy (MNT)** – education on various individualized diet approaches to manage diabetes and co-morbid conditions
- 3. Continuous Glucose Monitoring (CGM)** – professional Libre Pro cgm placement to detect trends and track patterns in glucose levels over 2 week period. Education on use of personal cgm devices.

1. Diabetes Self-Management Education (DSME)

Check type of service and number of hours requested:

- Initial ___10 hours or ___number hrs requested
 Follow up ___2 hours or ___number hrs requested

Note any special needs: vision, hearing, physical,
 cognitive, language, additional training, telehealth,
 other

2. Medical Nutrition Therapy (MNT)

Check type of service and number of hours requested
(check all that apply)

- Initial: 3 hours ___ or hours requested
 Follow up 2 hour ___ or hours requested

Additional MNT services in same calendar year per RD.
Additional hours requested ___

3. Continuous glucose monitoring

- 2 week professional Libre Pro
 Education on personal cgm

Note Medicare coverage:

DSME: Initial 10 hours per year and 2 hours of follow up annually.

MNT: Initial 3 hours per year and 2 hours of follow up annually.

Check box to approve follow up **evaluation and management** appointment with APN if patient requires assistance with management of diabetes medication.