

**GRUNDY COUNTY MEMORIAL HOSPITAL
GRUNDY CENTER, IOWA 50638
DIABETES CONSULTATION – REFERRAL REQUEST**

Patient Name: _____ Date of Birth: _____ Phone: _____
Address: _____

1. Complete for Medicare patients when diagnosis for diabetes is NEW. (not if existing)

Diagnosing diabetes requires any ONE of the following COMBINATIONS for those on Medicare:	
<input type="checkbox"/> Two fasting blood sugars greater than 125 mg/dL <input type="checkbox"/> Two, 2-hour post-glucose challenges greater than 199 mg/dL with a 75 gram glucose load <input type="checkbox"/> One random glucose test over 200 mg/dL with documented symptoms of uncontrolled diabetes	
Result #1 and Date: _____	Result #2 and Date: _____
Could be a symptom if result #1 is over 200 mg/dL	

2. Diagnosis is: (check one) New Existing

- 3. Diagnosis:** (Check all that apply)
- | | |
|---|--|
| <input type="checkbox"/> Type 2 Diabetes 250.92 | <input type="checkbox"/> Pre-Diabetes 790.6 |
| <input type="checkbox"/> Type 1 Diabetes 250.93 | <input type="checkbox"/> Gestational Diabetes 648.83 (pregnancy) |
| | <input type="checkbox"/> Type 1 – Type 2 & Pregnant 648.03 |

4. Co-morbidities:

<input type="checkbox"/> Diabetic nephropathy	<input type="checkbox"/> Renal disease	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Neuropathy	<input type="checkbox"/> Dyslipidemia	<input type="checkbox"/> CHD
<input type="checkbox"/> Mental/affective disorder	<input type="checkbox"/> Stroke	<input type="checkbox"/> PVD
<input type="checkbox"/> gastroparesis	<input type="checkbox"/> Retinopathy	<input type="checkbox"/> other _____
	<input type="checkbox"/> Hx of gastric by-pass	

5. Program(s)/Services Requested:

<input type="checkbox"/> BASICS (Type 2 non-insulin)	<input type="checkbox"/> Gestational Diabetes (pregnancy)
<input type="checkbox"/> Insulin initiation <input type="checkbox"/> Adjust insulin	<input type="checkbox"/> Pediatric Type 1 or Type 2
<input type="checkbox"/> Insulin pump <input type="checkbox"/> Adjust insulin	
<input type="checkbox"/> Medical Nutritional Therapy	<input type="checkbox"/> Continuous Glucose Monitoring System (CGMS)
<input type="checkbox"/> Annual Diabetes Review _____	<input type="checkbox"/> Yes, follow-up with patient after CGM
	<input type="checkbox"/> Do not follow-up with patient after CGM

6. Special Needs: (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Vision limitation | <input type="checkbox"/> Hearing limitations | <input type="checkbox"/> Language limitations |
| <input type="checkbox"/> Physical/mental challenges | <input type="checkbox"/> Additional insulin training | <input type="checkbox"/> Other (Please specify): _____ |

7. Current Diabetes Medications:

- None
 Oral agent(s) (include dose): _____
 Insulin (include dose): _____

8. Medication Orders:

- Continue oral agents
 D/C oral agents when? _____
 Change oral agents to (type, dose): _____
 Start insulin as follows: _____

9. The following copies are needed by the Diabetes Center. The following are attached:

- History
 List of current meds.
 Current labs. Please include: Blood Glucose, Lipid Profile, BUN, Creatinine, HgbA1c, Urine, Microalb/Creatinine ration, AST, AKT, TSH
 HgbA1c is not available. Please draw at Diabetes Center visit. (May repeat in three months, per ADA guidelines)

As the healthcare provider treating this beneficiary's diabetic condition, I certify that diabetes self-management training is needed under a comprehensive plan for this patient's diabetes care to ensure therapy compliance and/or to provide the necessary skills and knowledge to enable the patient to manage his/her condition.

10. Physician Signature: _____ Date: _____ Time: _____

**Please fax with requested attachments to the Diabetes Center at (319) 824-5094.
The Diabetes Center phone number is (319) 824-5081 or toll free (888) 824-5081.**

(Patient Label)

Plan of Care

Basics

4 -5 sessions over 2 months / 6 to 10 hours of education

Goal: To assist the person with diabetes, non-insulin, about diabetes self-management skills.

- ◆ Diagnosis of diabetes
 - ◆ Goal of HbA1c
 - ◆ CHO counting and label reading
 - ◆ Recognition and treatment of hypoglycemia
 - ◆ Risk for heart disease
 - ◆ Importance of prevention care
 - ◆ Goals of treatment
 - ◆ Home blood glucose monitoring
 - ◆ Benefits of increased activity
 - ◆ Problem solving high and low BG
 - ◆ Setting behavioral goal
 - ◆ Strategies for dining out
 - ◆ Sick day management
 - ◆ Lipid management
 - ◆ Guidelines for alcohol use
 - ◆ Heart healthy dietary guidelines
- *May need follow-up every 3 months until blood glucose is in target range.**

Insulin Initiation or Adjustment

Frequent follow-up via office visits and telephone until blood sugar goals are met.

Goal: To assist the person with diabetes to improve glucose control by learning self-management skills related to insulin therapy.

- ◆ Insulin administration
 - ◆ Preconception education
 - ◆ Effect of exercise on BG
 - ◆ Basics of pattern control
 - ◆ Driving Safety
- * May need follow-up every 3 months until blood glucose is in target range * Includes basic program components**

Gestational Diabetes Management (GDM)

Follow every 2 to 3 weeks during duration of pregnancy or until blood sugar goals are met.

Goal: Assist the person diagnosed with gestational diabetes in measurably improving their glucose control through training designed to enhance knowledge, skills and attitude which contribute to a successful pregnancy outcome.

- ◆ Diagnosis of gestational diabetes and rationale for treatment.
- ◆ Rationale for blood glucose monitoring, testing times and target goals.
- ◆ Optional nutrition for pregnancy
- ◆ Follow-up care after delivery
- ◆ Home blood glucose monitoring
- ◆ CHO counting and label reading
- ◆ Design of an individualized meal plan
- ◆ Benefits for increased activity
- ◆ Measures to decrease the risk for developing Type 2 diabetes

*** 1 post-partum visit recommended for 6 weeks after delivery**

Annual Diabetes Review

2 hours per calendar year (Medicare guidelines)

Goal: Assist the patient with updating their diabetes knowledge. Review of basics or insulin therapy program as applicable. Content delivered based on individual assessment of current patient needs.

Pediatric – Type 1 or Type 2

Frequent follow-up via office visits and telephone until blood sugar goals are met.

Goal: To assist the person with diabetes to improve glucose control by learning self-management skills.

- ◆ Emotional adjustment/coping with peer pressure
 - ◆ Optimal nutrition for growth/development
- * Includes the basic and/or insulin program components. May need frequent follow-up until blood glucose is in target range.**

Medical Nutrition Therapy

2 to 4 hours of education per calendar year (Medicare guidelines)

Goal: To assist the person with diabetes to improve glucose control by having self-management skills related to blood glucose monitoring, meal planning and increased activity.

- ◆ Includes basic program components

Insulin Pump Therapy (CSII)

6 to 7 session / 8 to 11 hours of education

Goal: To assist the person in intensifying their diabetes management with continuous subcutaneous insulin infusion (CSII).

- ◆ Basic Knowledge of what is involved and required in pump therapy
- ◆ Instructions and knowledge of how to care for pump
- ◆ Problem solving high and low blood sugars
- ◆ Basic knowledge of adjustments/options for special occasions
- ◆ Supplies needed for travel
- ◆ Basic knowledge of pros and cons of CSII
- ◆ Instructions on treatment and prevention of skin problems
- ◆ Knowledge of pump features and skill to demonstrate

*** Insulin program components are included also. May need follow-up every 3 months until blood glucose is in target range.**