

Person completing this form name and phone number _____

Salem Health

Diabetes Education Referral Form



APPOINTMENT AT: SALEM HOSPITAL WEST VALLEY HOSPITAL ROUTINE ASAP URGENT

PATIENT INFORMATION

Last Name: _____ First Name: _____ MI: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Language: _____ Interpreter needed? Yes No

REFERRING PROVIDER INFORMATION

Referring Provider: _____ Date of Referral: _____

Phone Number: _____ Fax Number: _____

Primary Care Physician: _____

INSURANCE INFORMATION

Insurance Company: _____ Policy Number: _____ Group Number: _____

Subscriber Name: _____ Subscriber's Date of Birth: _____

Subscriber's relationship to patient: _____

Send copy of front & back of insurance card, if available.

DIAGNOSIS AND NARRATIVE

| | | | |
|--------------------------|-----------------|--|------------|
| <input type="checkbox"/> | Diagnosis Code: | | Narrative: |
| <input type="checkbox"/> | Diagnosis Code: | | Narrative: |

EDUCATION NEEDED

- Diabetes Education Classes (10 hours of group learning divided over 6 session with Registered Nurse CDCES (*Certified Diabetes Care & Education Specialist*) & Registered Dietitian.
- 1:1 Individual session(s) with a Nurse (*Registered Nurse Certified Diabetes Care & Education Specialist*)
- 1:1 Individual session with a Dietitian (*Registered Dietitian*)
- Gestational Diabetes Program (*includes visits with RN & RD*)
- Diabetes Technology Training
 - Continuous Blood Glucose Monitor (*CGMS*)
 - Insulin Pump
 - Connected Insulin Delivery

■ PLEASE INCLUDE RECENT COPIES OF LABS, RELEVANT CHART NOTES AND MEDICATION LIST WITH REFERRAL.

Physician/Provider signature: _____ Today's Date: ____ / ____ / ____

Physician/Provider Name (*Printed*): _____

By signing this referral I hereby certify that I am managing this beneficiary's Diabetes condition and that the above prescribed training is a necessary part of management. **Required*

Thank you for your referral! After receiving this form we will contact the patient to set up the appointment. Your office will be notified if we are unable to make contact with the patient, the patient declines to schedule, or if our services are not covered by their insurance.