Stony Brook Medicine Diabetes Education

PHYSICIAN REFERRAL FORM:

Please complete every section of this form.
Have patient bring this form to their visit and fax to 444-9887.
Patient cannot be seen without fully completed form.

Diabetes Diagnosis:
- Type 1, controlled
- Type 1, uncontrolled
- Type 2, controlled
- Type 2, uncontrolled
- Gestational diabetes
- Pre-Existing diabetes in pregnancy
- Pre-diabetes

Current Treatment:
- Diet & Exercise
- Oral Agents
- Insulin
- Insulin Pump

Indicate one or more reason for referral:
- Recurrent elevated blood glucose levels
- Recurrent Hypoglycemia
- Change in diabetes treatment regimen
- High risk due to diabetes complications/co-morbid conditions:
  - Retinopathy
  - Neuropathy
  - Nephropathy
  - Gastroparesis
  - Hyperlipidemia
  - Hypertension
  - Cardiovascular disease
  - other

Type of Education Needed:
- Initial Comprehensive Diabetes Self-Management Education/Support (DSME/S) – 10 hrs. and all 9 topics (GO109)
- DSME/S Follow-up (1:1 RD, CDE or RN, CDE) - 2 hrs. (GO108)
- Specific Topics and Hours if needs vary from above: ________________________________

*DSME can be ordered by an MD, DO or mid-level provider managing the patient’s diabetes.

Indicate any existing barriers to group learning or additional insulin training requiring 1:1 education:
- Impaired mobility
- Impaired vision
- Impaired hearing
- Impaired dexterity
- Impaired mental status/cognition
- Language barrier
- Eating disorder
- Learning disability or OTHER (please specify): _______________________________________
- 1:1 Insulin Training

“I hereby certify that I am managing this beneficiary’s Diabetes condition and that the above prescribed training is a necessary part of management.”

Physicians’ signature (required): ___________________________ Date ____________

Physician’s Name (printed): ___________________________ Date ____________