Lakeland Regional Health®

Diabetes Education Referral Form

FAX: 863.687.1412
Phone: 863.284.1604

Patient name: _____
Address: _____
_____
Cell Phone: _____
Home phone: _____
Date of birth: _____

Provider name: _____
DEA#: _____
Address: _____
_____
Phone: _____
Fax: _____

INSURANCE INFORMATION

☐ Medicaid Medicaid #: _____ Plan name: _____
☐ Medicare Medicare #: _____ Plan name: _____
Supplemental insurance: _____
☐ Commercial insurance Carrier: _____ Policy #: _____
Authorization #: _____
Supplemental insurance: _____
☐ Self-pay

DIAGNOSIS (PLEASE CHECK ONE)

☐ Type 1 ☐ Type 2 ☐ Pre-diabetes ☐ Gestational ☐ Type 1 with pregnancy ☐ Type 2 with pregnancy

Labs: FBG: _____ Date: _____ A1C: _____ Date: _____

Total cholesterol: _____ HDL: _____ LDL: _____ Triglycerides: _____ Date: _____

PLAN OF CARE (Check one of the boxes below)

☐ **Diabetes Self-Management Classes** (Includes one-on-one with nurse and dietitian and group classes)
Includes education regarding: disease process, medications, nutritional management, monitoring, acute and chronic complications, physical activity, preconception & pregnancy care (if applicable), goal setting & problem solving, risk reduction, psychosocial adjustment

☐ **Individual Extended Session** (Patient must meet one of these criteria for Medicare or Medicaid)
☐New insulin ☐Insulin orders: _____
☐Visual Barrier ☐Hearing barrier ☐Language barrier ☐Physical challenges

☐ **Follow-up Education Session(s)** (Patient must meet criteria at top and have completed initial training)

☐ **Diabetes Prevention Program** (must have diagnosis of prediabetes and never been diagnosed with diabetes)
CDC Approved Curriculum/taught by trained lifestyle coach in-person, group environment. Includes skills to lose weight, be more physically active and manage stress. 16 weekly sessions/6 monthly follow-up sessions to encourage maintenance.

Patients must be: ☒ At least 18 years old ☒ Overweight (BMI ≥ 24; ≥ 22 if Asian)

Patients must have one of the following: (Please check)

☐ Fasting blood glucose: 100-125 mg/dL (non-Medicare)
☐ Fasting blood glucose: 110-125 mg/dL (Medicare)
☐ 2-hour glucose: Range/140-199 mg/dL
☐ AIC 5.7-6.4
☐ History of GDM (non-Medicare only)

PLEASE ATTACH LABS if not documented above

Provider's signature: _____ Date: _____