REFERRAL

State of Florida, Department of Health, Putnam County Health Department
2801 Kennedy St.
Palatka, FL 32177
(386)326-3223
Fax (386)326-3399

PATIENT NAME		DOB	GENDER ☐ Male ☐ Female
SOCIAL SECURITY #			
ADDRESS			
CITY	STATE	ZIP CODE	PHONE #
INSURANCE COVERAGE #1			ID/POLICY#
INSURANCE COVERAGE #2			ID/POLICY#
DIAGNOSIS CODE			

DIABETES SELF-MANAGEMENT EDUCATION/TRAINING (DSME/T)
Check type of training services and number of hours requested:

☐ Initial group DSME/T: 10 hours or		number of hours requested
☐ Follow-up DSME/T: 2 hours or		number of hours requested

PATIENTS WITH SPECIAL NEEDS REQUIRING INDIVIDUAL (1 ON 1) DSME/T
Check all special needs that apply:

☐ Vision ☐ Hearing ☐ Physical ☐ Cognitive Impairment ☐ Language Limitations ☐ Additional training		
☐ Additional hrs. requested		☐ Other

PLEASE INCLUDE LABS AND RXS

DSME/T CONTENT

Please check below the appropriate content teaching box:

☐ **Comprehensive diabetes education (all content areas)**

OR

☐ Monitoring diabetes ☐ Diabetes as disease process ☐ Psychological adjustment ☐ Physical activity
☐ Nutritional management ☐ Goal setting, problem solving ☐ Medications
☐ Prevent, detect, and treat acute complications ☐ Preconception/pregnancy management or GDM
☐ Prevent, detect, and treat chronic complications

Diabetes Prevention Program

☐ National Diabetes Prevention Program (NDPP) group classes

MEDICAL NUTRITION THERAPY (MNT)

Check the type of MNT and/or number of additional hours requested:

☐ Initial MNT ☐ 3 hours or ☐ _____ number of hours requested, and _____Kcals/day

☐ Annual follow-up MNT ☐ 2 hours or ☐ _____ number of hours requested

☐ Additional MNT services in the same calendar year per RD

Additional hours requested _____

Please specify change in medical condition, treatment and/or diagnosis:

Medicare coverage of DSMT and MNT requires the physician to provide documentation of a diagnosis of diabetes based on one of the following:

- a fasting blood sugar greater than or equal to 126 mg/dl on 2 different occasions
- a 2-hour post-glucose challenge greater than or equal to 200 mg/dl on 2 different occasions; or
- a random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes

Medicare coverage:

DSME/T: 10 hrs. initial DSME/T in a 12-month period from the date of first visit; 2 hrs. each calendar year following the year in which initial training was completed.

MNT: 3 hrs. initial MNT in the first calendar year, plus 2 hrs. follow-up MNT annually.
Additional MNT hours are available for change in medical condition, treatment and/or diagnosis.

_____**Healthy Heart Ambassador Blood Pressure Self-Monitoring Program** (HHA-BPSM):
This is a four-month CDC approved lifestyle change program aimed to control high blood pressure for those with hypertension.

PHYSICIAN'S SIGNATURE DATE

PRINT NAME OF PHYSICIAN NPI # DATE

ADDRESS OF PHYSICIAN City State Zip Code