

Diabetes Services Referral Columbus Regional Health



Patient Name: _____

Date of Birth: _____

Physician Signature: _____

Date/Time: _____

Referral Numbers
Phone: 812-376-5500
Fax: 812-375-3161

Physician Offices:

1. Call Centralized Scheduling at **812-376-5500** to schedule your patient.
2. Fax this signed form to **812-375-3161**.
3. Include A1C, lipid profile, and last physician note, if possible.

Diabetes Self-Management Training (DSMT)

- Type 1 DM with Hyperglycemia
- Type 2 DM with Hyperglycemia
- Type 2 DM with Obesity
- Gestational Diabetes
- Pre Diabetes (will see RD only)
- Medical Nutritional Therapy (RD only)
- Other _____

General Education Including Nutrition

- Teach appropriate content areas with focus on AADE 7 self-care behaviors:

Insulin Management Consult

- Make recommendations for insulin(s) basal, mealtime and correction based on patient assessment, lifestyle and resources (injection and/or pump)
- Other _____

When to Refer

In the past 12 months, the patient has met the following referral criteria: (Check all that apply)

- Newly Diagnosed Diabetes
- Change in Treatment Regimen
- Inadequate Glycemic Control as Evidenced by A1C
- High Risk for Diabetes Complications
- Annual Review
- Other _____

Patients with Special Needs:

Patients with special needs requiring individual DSMT. (Check all special needs that apply)

- Vision/Hearing
- Language Limitations
- Physical
- Cognitive Impairment
- Additional Insulin Training
- Other _____
- No Group Program Within 2 Months

Medicare Only

Diabetes Self-Management Training (DSMT)

Medicare: 10 hours initial DSMT in 12 month period, plus 2 hours follow-up DSMT annually.

**Check type of training services and # of hours requested:*

- Initial Group DSMT: 10 hours or _____ hrs. requested
- Follow-up DSMT: 2 hours or _____ hrs. requested
- Additional Insulin Training: _____ hrs. requested

Medical Nutrition Therapy (MNT)

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

**Check type of MNT and/or # of additional hours requested:*

- Initial MNT
- Follow-up MNT
- Additional MNT services _____ Additional hrs. requested per RD recommendations

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

Diabetes Services

Columbus Regional Health



Our Purpose

Our goal is to promote self-management through 7 Key behaviors: Healthy Eating, Being Active, Monitoring, Taking Medication, Problem Solving, Healthy Coping, and Risk Reduction. Motivational Interviewing and SMART goal setting are the primary intervention strategies as well as knowledge education, behavioral contracting, situational problem solving, skill training, confidence building, and barrier resolution.

Diabetes services provides education and management support to English and Spanish speaking adults with diabetes to improve outcomes. Families and all support persons are welcome to attend appointments.

Our Services

1. Individual Sessions – at Columbus Regional Hospital

These one-on-one sessions are held Monday through Friday at Columbus Regional Hospital, 2400 East 17th Street, Columbus. A physician referral is required. These appointments focus on completing core education and developing an individualized plan of care. The admission visit will include:

- Assessment of learning needs and behavioral change needs
- Education and skill training
- Goal setting

Referral Process

1. Call **812-376-5500** (Columbus Regional Health Central Scheduling) to schedule appointment
2. Fax signed Referral Form to CRH Order Intake **812-375-3161**

Diabetes Program Accreditation

Our program is accredited by the American Association of Diabetes Educators (AADE). This accreditation ensures that our program meets the National Standards for Diabetes Self-Management Training. AADE accreditation allows for cost coverage by Medicare, Medicaid and most other insurance carriers. If you would like more information, please ask your doctor for a referral for an Individual Session.



When do people benefit from Diabetes Self-Management Education/Support (DSME/S)?

Newly released Joint Position Statement from ADA (American Diabetes Association), AADE (American Association of Diabetes Educators) highlights four essential times for referral to accredited programs for patient support and engagement.

- Time of diagnosis
- Annual basis
- When new complicating factors influences self- management
- Time of transitions in care

Questions

If you have any questions or want to learn more about our services, please call us at **812-376-5709** or email lkessler@crh.org; skuniewicz@crh.org; mcaudell@crh.org

