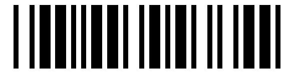

PATIENT INFORMATION

/ /

Patient's Last Name | First Name | Middle | Date of Birth

Address | City | State | Zip Code

Home Phone | Work Phone | e-mail address

Primary Insurance | Policy Number | Group Number

/ /

Policy Holder's Name | Policy Holder's Date of Birth

Recent HbA1C or FBG: ________________ Date of test results: ____/____/____

* DIAGNOSIS:

Please send recent labs for patient eligibility & outcomes monitoring

☐ Type 2 w/o complications (E11.9)

☐ Type 2 with unspecified complications (E11.8)

☐ Type 1 w/o complications (E10.9)

☐ Type 1 with unspecified complications (E10.8)

☐ Gestational Diabetes (O24.41) ☐ Other ______________________

RETURN/FAX FORM TO:

CRESTWOOD MEDICAL CENTER

FAX: 256-429-4612

One Hospital Drive, Huntsville, AL 35801

DIABETES SELF-MANAGEMENT TRAINING (DSMT) & MEDICAL NUTRITION THERAPY (MNT) SERVICES TO BE PERFORMED

Medicare coverage: 10 hours DSMT & 3 hours MNT in initial 12-month period, plus 2 hours DSMT & 2 hours MNT follow-up annually.

☐ Initial DSMT **and** Initial MNT (1h individual + 4h DSMT Class + 2h MNT Class)

10 DSMT topics taught as needed* as 1 hour individual + group UNLESS **Special Need** checked below, then all individual.

Special Need: ☐ **Vision** ☐ **Non-Ambulatory** ☐ **Physical Disability** ☐ **Hearing** ☐ **Cognitive** ☐ **Language** ☐ **Other** ________________________

*OR only these topics: ☐ SMBG ☐ Nutrition ☐ Exercise ☐ Medication ☐ Goal Setting & Problem-Solving ☐ Coping-Stress Control ☐ Acute Complications ☐ Chronic Complications ☐ Pathophysiology

☐ Annual follow-up DSMT (1 hour individual)

☐ Additional Insulin Training (1 hour individual)

☐ Annual follow-up MNT (2 hour individual)

–Has this patient been tested for COVID-19 in the last 30 days? ☐**Yes** ☐**No**

–Has this patient shown any s/s of COVID-19 in the last 30 days? ☐**Yes** ☐**No**

–If answering YES to either of these questions – please call the department at #256-429-4061.

Physician Signature	Physician Name (Printed)	NPI	Date/Time

Physician signature indicates DSME/MNT is medically necessary for this patient's diabetes control. For more information, please call 256-429-4061.

2020 Diabetes Education Referral Form

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Patient Label

Crestwood Medical Center