

Diabetes and Endocrine Referral

BORGESS

Fax completed form to (269) 226.7911.

Physician signature on this form is required. Please include a copy of lab results within the past 90 days (A1C, glucose, microalbumin, lipids) to expedite referral.

Borgess Diabetes & Endocrine Center
 1722 Shaffer Street, Suite 3
 Kalamazoo, MI 49048
 (269) 226.8321
 (269) 226.7911 Fax

Referring Physician	Contact Person	Today's Date
Office Address		Office Phone

PATIENT INFORMATION

Name (Last)	(First)	(M.I.)
Address		
City	State	ZIP
D.O.B.		
Home Phone	Work Phone	Cell Phone
Insurance(s) to be billed <input type="checkbox"/> Please provide photocopy of front and back of card		

DIABETES AND ENDOCRINE SERVICES

Request consultation and treatment with Dr. Michael Valitutto or Dr. Craig Greenberg for: Diabetes Other Endocrine Issues

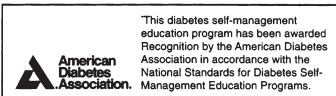
Describe Endocrine Issues:

Please send all pertinent documentation regarding patients care such as, office notes, diagnostic tests and/or recent labs

DIABETES EDUCATION

Written Diagnosis	Diabetes Education – Diabetes Self Management Training (DSMT)
Type 1	Full program up to 10 hours of education
Type 2 <input type="checkbox"/> Diet <input type="checkbox"/> Orals <input type="checkbox"/> Insulin	Full program up to 10 hours of education and 3 hours of Medical Nutrition Therapy (MNT)
Gestational Due Date:	Special needs—Patient unable to participate in group classes due to the following special needs:
Pre-Diabetes	<input type="checkbox"/> Vision <input type="checkbox"/> Language <input type="checkbox"/> Hearing <input type="checkbox"/> Other:
Other:	Additional Services – Diabetes Self Management Training (DSMT order required for any services below)
	Blood glucose monitoring (please write script for meter and supplies)
Medical Condition	Continuous glucose monitoring (CGMS)
Initiation of/change in oral therapy	Gestational diabetes (includes glucose monitoring)
New to insulin	Insulin/other diabetes injectables instruction
Uncontrolled diabetes	Type: _____ Dose: _____
Severe hypo/hyperglycemia requiring assistance, ER visits or hospitalization	Insulin adjust (by Diabetes nurse)
Obesity	Insulin pump therapy
Knowledge/skills deficit	Comprehensive foot care
Complications:	Initial Medical Nutrition Therapy (MNT) without DSMT
Other:	Up to 3 hours
	Review & Refresher Options
	Annual DSMT follow-up (2 hours)
	Annual MNT follow-up (2 hours) (please check medical condition on form)
	Additional MNT (second referral in same year due to changes in condition or diagnosis)
	Specify: _____ Hours: _____
	Additional Instructions

NOTE TO PHYSICIAN: DSMT & MNT are individual and complementary services to improve diabetes care. Research indicates that MNT combined with DSMT improves outcomes. DSMT includes nutrition, exercise, monitoring, psychological adjustment, problem solving-goal setting, diabetes disease process, medications, complications and, when necessary, pre-conception planning.



Physician Signature (required by MDCH & Insurance)

Date