



Diabetes Self-Management Education and Support (DSMES) Referral Form

Patient Information			
Name		Date of referral	
Gender		Address	
DOB		City	
Patient Age		State	
Preferred contact method		Zip Code	
Preferred time to contact		Phone	
Patient's native language		Health Insurance	

Clinical Provider Information			
Referring provider name		Practice Address	
Practice Name		City	
Phone		State	
Fax		Zip Code	

Referral Eligibility Information	
<p>Patient Consent (Patient consents to sharing contact information and relevant clinical information below and is aware that Nexus Montgomery will contact them for enrollment into the diabetes education program)</p>	
<p>Medicare documentation of one of the following is required:</p> <ul style="list-style-type: none"> Fasting blood glucose \geq 126 mg/dl on two different occasions 2 hr. post-glucose challenge \geq 200 mg/dl on two different occasions Random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes <p>HbA1c:</p> <p>BMI:</p> <p>Blood Pressure:</p> <p>Cholesterol:</p> <p>Fasting Glucose:</p>	<p>Patient Diagnosis Code:</p> <ul style="list-style-type: none"> Type I Diabetes Type II Diabetes Gestational Diabetes <p>Patient Notes:</p>
<p> <input type="checkbox"/> I am a provider referring my patient <input type="checkbox"/> I am a staff member referring on a provider's behalf </p>	
<p>Referring staff member name:</p> <p>Referring staff email:</p> <p>Referring staff phone:</p>	

Referrals can be faxed to: **301-881-0993** Call **301-816-2632** or email nexusdiabetes@jssa.org with questions