



Referral Form

Patient's Name:		DOB:
Patient's Phone:	Patient E-mail:	
Diagnosis:	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Gestational <input type="checkbox"/> Pregnant with Diabetes	
Physician's Name:	(Please print)	Phone:
Physician's Address:		
Physician's Signature:		Date:
Would the patient like to be contacted about joining a diabetes research study? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Clinical Services:

Diabetes Consultation <input type="checkbox"/> Newly Diagnosed <input type="checkbox"/> Glucose Toxicity <input type="checkbox"/> Intensify Insulin Therapy <input type="checkbox"/> Diagnostic Continuous Glucose Monitor and Interpretation <input type="checkbox"/> Other _____	Psychology Services <input type="checkbox"/> Adult Individual Therapy <input type="checkbox"/> Child/Adolescent Therapy <input type="checkbox"/> Family Therapy	State Justification for Psychological Services:
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Education Services:

Diabetes Self-Management Education (DSME): INITIAL TRAINING: Up to 10 hours of DSME is covered by most insurance companies and Medicare. Topics covered include: diabetes overview, nutrition management, BG monitoring, acute complications, chronic complications, stress management, goal setting, & exercise. Check one: <input type="checkbox"/> Group/10 hrs. <input type="checkbox"/> Individual/10 hrs. <input type="checkbox"/> Group/ # hrs. _____ <input type="checkbox"/> Individual/ # hrs. _____ <u>Specify justification</u> for needing individual session. (Required by Medicare) <input type="checkbox"/> Vision _____ <input type="checkbox"/> Hearing _____ <input type="checkbox"/> Language _____ <input type="checkbox"/> Other _____	ADDITIONAL EDUCATION: Medicare covers up to 2 hrs. of follow-up education yearly. <input type="checkbox"/> Individual/2 hrs. <input type="checkbox"/> Individual/Less than 2 hrs., specify: _____ Select Topics: <input type="checkbox"/> Nutrition <input type="checkbox"/> Insulin /Incretin Training <input type="checkbox"/> Stress Management <input type="checkbox"/> Other _____
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Medical Nutrition Therapy (Only nutrition issues) <input type="checkbox"/> Group: Nutrition Basics <input type="checkbox"/> Individual: Complex Nutrition Management	Comments:
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Insulin Pump Therapy/Continuous Glucose Sensor <input type="checkbox"/> Evaluation for Insulin Pump Therapy <input type="checkbox"/> Advanced Pump Training <input type="checkbox"/> Insulin Pump Training and Initiation <input type="checkbox"/> Continuous Glucose Sensor Training	Comments:
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Gestational Diabetes Therapy <input type="checkbox"/> Group: Diet/Oral Meds <input type="checkbox"/> Individual: Insulin Training Required	Comments:
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Henry Rodriguez, MD Medical Director Pediatric Endocrinologist	Sureka Bollepalli, MD Pediatric Endocrinologist	Dorothy Shulman, MD Pediatric Endocrinologist	Verena Jorgensen, MD Pediatric Endocrinologist
Laura B. Smith, PhD, CDE Clinical Psychologist Certified Diabetes Educator	Jane Norman, MA, RD, CDE Registered Dietitian Certified Diabetes Educator	Janet Rodriguez, RN, BSN, CDE Certified Diabetes Educator Insulin Pump & CGM Specialist	

Fax completed form to (813) 974-3313
Appointments: (813) 396-2580
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<http://www.usfdiabetescenter.org>