



Referral Form for Dietitian & Diabetes Educator

PATIENT INFORMATION

Last name: _____ First: _____ Middle Initial: _____

Phone(Home): _____ Phone(Cell): _____ Phone(Alternate): _____

Date of Birth: _____ Sex: M F City: _____ State: _____

Caregiver Name: _____ Relationship to Pt: _____ Phone #: _____

Date of Patient's Next Appointment: _____ Primary Care Provider: _____

REASON FOR CONSULTATION

The patient is being referred to a KCMMPA-ACO Dietitian or Diabetes Educator for the following reason(s):

- Comprehensive Diabetes Education** (*group or individual*)
Appropriate for patients with Newly Diagnosed Diabetes or No Previous/Recent Diabetes Education
Include Recent Clinical Note (Hospital Discharge or Visit Summary), Medication List, A1C
- Problem-Oriented Diabetes Education** (*individual*)
Appropriate for patients who need personalized attention (*please indicate reason below*):
 - Uncontrolled diabetes (ex. -- A1C greater than 9, frequent hypoglycemia)
 - Non-adherence to diabetes treatment plan
 - Review of diabetes medication/insulin regimen (*attach insulin titration protocol, if available*)
 - Post discharge diabetes education (*include discharge summary, if available*)
 - Patient with special needs -- Vision Hearing Cognitive Language Other: _____
 - Other (*please specify*): _____**Include Recent Clinical Note (Hospital Discharge or Visit Summary), Medication List, A1C, Relevant Labs**
- Unable to afford diabetes medication/supplies**
- Other** (please specify reason for referral) _____

Please describe any additional details related consultation request below:

FOLLOW-UP INFORMATION

Important:

Name of person making referral: _____

Practice contact (If different than person making referral): _____

Preferred follow-up: Phone: _____ Ext: _____ Fax: _____

Summary of findings, following encounter with KCMMPA-ACO diabetes educator, will be emailed* to the designated email addresses:

1. _____
2. _____
3. _____

Email completed form and supporting materials to melissa.leslie@kcmetrophysicians.com or fax to 816.388.9369

*Only utilize email communication if encrypted email is available, to ensure patient privacy & PHI security