

REFERRAL
Advanced Services for Diabetes
in Pregnancy

Please complete and fax to 401-277-3694 if you do not use EPIC for your EMR.

REASON FOR CONSULT:

- GDM Class (basic management and nutrition information)
- Glucometer Training
- Insulin Injection Training
- Nutrition Consultation (*Please include ht, PGW, wt with your fax*)
- GDM Co-Management (*Please send OB records with your fax*)

ICD-10 Code:

PATIENT CLINICAL INFORMATION

EDD: _____ Blood Glucose Monitoring YES NO

GTT Results: _____ Taking Medication? YES NO
Type: _____ Dose: _____

PATIENT DEMOGRAPHICS:

First Name: _____ Last Name: _____

Address: _____

Date of Birth: _____ INTERPRETER NEEDED: No: _____ Yes / Language: _____

Phone Numbers: (H) _____ (W): _____ (C): _____

INSURANCE INFORMATION

Insurance: _____ Insurance ID #: _____ Auth #: _____

Subscriber Name: _____ DOB: _____

Relationship to Patient: _____ Subscriber Employer: _____

Secondary Insurance: _____

Primary Care Physician: _____ PCP Phone Number: _____

REFERRING PHYSICIAN INFORMATION

Referring Physician: _____ Specialty: _____

Practice Name: _____ Phone Number: _____

Back Line Number: _____ Fax: _____