



**Saint Anthony  
Hospital**

Caring for the community

**Diabetes Center Referral Form**

**Saint Anthony Hospital  
2875 W. 19<sup>th</sup> Street  
Chicago, IL 60623  
Phone: 773-484-4498  
Fax: 773-484-4544**

**Date** \_\_\_\_\_ **Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Patient Telephone Number:** \_\_\_\_\_ **Alt phone number:** \_\_\_\_\_

**Diabetes Diagnosis – Check all that apply**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Type 2 Uncontrolled 250.02 | <input type="checkbox"/> Hyperglycemia 790.6  | <input type="checkbox"/> Retinopathy 250.5   |
| <input type="checkbox"/> Type 1 Uncontrolled 250.03 | <input type="checkbox"/> Hypertension 401.9   | <input type="checkbox"/> Nephropathy 250.4   |
| <input type="checkbox"/> Type 2 Controlled 250.00   | <input type="checkbox"/> Hyperlipidemia 272.4 | <input type="checkbox"/> Neuropathy 250.6    |
| <input type="checkbox"/> Type 1 Controlled 250.01   | <input type="checkbox"/> Obesity 278.0        | <input type="checkbox"/> Pre-Diabetes 790.29 |

**Date of Diagnosis** \_\_\_\_\_ **or Number of Years with Diabetes** \_\_\_\_\_

**Diabetes Self Management Training (Education)**

- Diabetes Self-Management Training/Education Sessions (G0108 or G0109)\* includes Assessment of patient’s diabetes education and care needs (G0108)\***
- Medical Nutrition Therapy for diabetes (97802, 97803, 97804, G0270 or G0271)\***
- Insulin Instruction (G0108)\***

<b>Type of Insulin</b> _____	<b>Dosage</b> _____	<b>Time of day</b> _____
<b>Insulin</b> _____	<b>Dosage</b> _____	<b>Time of day</b> _____

**Administration by:**  Insulin  Syringe/Vial  Insulin Pump

**Physician Comments:** \_\_\_\_\_

**Physician Name (Please print)** \_\_\_\_\_

**Physician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please submit current lab results, i.e. HgbA1C, Microlab (or Pro/Creat), and Lipid Panel to the Outpatient Diabetes Center Fax to # 773-484-4544 with the referral.**

**After the initial diabetes care and education assessment, a Plan of Care will be sent to you for your approval and signature.**

**Transportation:**

If your patient requires hospital transportation and can move **without** limitation please check this box or for patients who may not have any form of transportation but live in the service areas please have the patient contact 773-484-4320 to make arrangements.

If your patient requires a Medi-Car please have the receptionist in your office arrange for this service.  
Twins Transportation: 773-840-4242 (Typical patient charge may vary.)

\*codes are for registration/billing use only