

MUSC MOMs Diabetes Referral Request Form

Phone: 843-792-9578

Fax: 843-985-9717

Please fax this referral form, along with chart notes and recent labs to 843-985-9717.

Diabetes Type: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Gestational Other: _____
Pregnancy Status: <input type="checkbox"/> Pregnant <input type="checkbox"/> Planning Pregnancy
Current DM treatment: _____
Most recent A1C result and date: _____
We aim to provide your patients with the diabetes self management skills and tools to achieve a safe pregnancy and healthy baby. Your patient will be enrolled in one of our programs that will entail 1:1 medical management visits with one of our Nurse Practitioner Diabetes Educators and will be encouraged to attend one of our group education classes; all provided virtually.

Referring Provider	
Provider Name: _____	Practice Name: _____
Office Contact Name: _____	Office Contact #: _____
Patient Information	
Patient Name: _____	DOB: _____
Address: _____	Primary contact #: _____
City/State/Zip: _____	Secondary contact #: _____
Translator needed? <input type="checkbox"/> No <input type="checkbox"/> Yes – Preferred Language: _____	
Insurance Information	
Primary Insurance: _____	Member Number: _____
Name of Insured: _____	Insured DOB: _____
Relationship to insured: _____	Authorization #: _____
<input type="checkbox"/> Self-Pay	

Diabetes Education Focus Points Requested:
<input type="checkbox"/> ALL content areas identified by the MOMs Diabetes Telehealth Team (includes all below)
<input type="checkbox"/> Monitoring Diabetes <input type="checkbox"/> Nutritional Management <input type="checkbox"/> Diabetes Disease Process
<input type="checkbox"/> Psychological adjustment <input type="checkbox"/> Medications <input type="checkbox"/> Physical Activity
<input type="checkbox"/> Goal Setting <input type="checkbox"/> Prevent, detect and treat acute complications
<input type="checkbox"/> Prevent, detect and treat chronic complications
<input type="checkbox"/> Prevent, detect and treat acute complications <input type="checkbox"/> Device Assistance

Thank you so much for your referral! We will be in touch.