



**CHRISTIANA CARE
HEALTH SYSTEM**

Eugene DuPont Preventive Medicine & Rehabilitation Institute
Department of Family and Community Medicine

3506 Kennett Pike
Wilmington, Delaware 19807
(302) 661-3000 Phone
(302) 661-3010 Fax
<http://www.christianacare.org/pmri>

**Referral Form
Educational Outreach & Disease Management
Please provide to the patient &/or Fax to (302) 661-3010**

Diabetes Self Management Training (DSMT)

- Living with Diabetes (Group class)**
- Comprehensive 8 hour group program and pre- and post-assessments

Exercise Services/Medical Fitness

- Fitness evaluation and consultation for individualized exercise program**
- Comprehensive assessment covers fitness components of aerobic capacity, body composition, flexibility, muscle strength, and muscle endurance. Results incorporated in developing individualized exercise prescription
- Guided/supervised exercise program at PMRI**
- Focus is on higher-health risk individuals. Periodic reviews and short-term goal setting scheduled every 3-months with new goals and program adjustments established
- Pulmonary Rehabilitation Program**
- Comprehensive 12 week program monitored by Respiratory Therapist and Exercise Physiologist

Individual Nutrition Counseling

- Medical Nutrition Therapy (MNT) – Diabetes and Other Appropriate Dx.**

Patient Information

Name: _____ DOB: _____

Phone: _____ Diagnosis Code: _____

Additional Information (e.g. History; Recommendations/Restrictions; A1C, recent labs/tests)

Medicare Benefits for Diabetes:

Both DSMT and MNT may be ordered in the same year.
Allow 10 hours of initial group instruction in a 12 month period, plus 2 hours of follow-up training annually.
Allow 3 hours of initial MNT in first calendar year, plus 2 hours annually
Additional MNT hours available for change in medical condition, treatment or diagnosis

The patient indicated above has been medically examined and deemed appropriate for participation in the program/service marked above.

Provider Signature/Date

Provider Printed Name

Provider Phone no/fax no.

Additional Referral Information

- If you are referring your patient for the Living with Diabetes group class OR Medical Nutrition Therapy please include the following:
 - Copy of most recent labs to include hemoglobin A1c
 - Blood sugar at diagnosis (if newly diagnosed)
 - Reason for referral
 - Copy of Medical Insurance cards

- If you are referring your patient to Exercise Services/Medical Fitness please include the following:
 - Recommendations or restrictions appropriate for your patient's participation
 - Signature of consent for participation