



Anne Arundel Medical Center

# Diabetes Medication Management

AMBULATORY CARE PHARMACY SERVICES (ACS)

Initial Clinical Referral Contract - Hospitalist

AAMC Hospitalist Initiated

P: 443.481.5826 / F: 443.481.5798

\*\*\*For ACS Office Use Only\*\*\*

Patient Label ID

\*\*\*Initial Hospitalist referral is only valid for 30 days. A community physician must countersign and assume responsibility:

Hospitalist Printed Name:

Signature: \_\_\_\_\_ Date:

Patient's Name:

Birthdate:

Patient Demographics Required: Phone: Home:

Work:

Cell:

Other:

Reason for Referral: (Choose ALL that applies):

<input type="checkbox"/> Z79.4 Long term (current) use of insulin	<input checked="" type="checkbox"/> Z79.899 Encounter for Medication Management
<input type="checkbox"/> Z79.84 Long term (current) use of oral hypoglycemic drug	

Patient's Indication for Therapy:

<b>Type 2 Diabetes Mellitus</b>	
<input type="checkbox"/> E11.9 Type II Diabetes Mellitus	<input type="checkbox"/> E11.22 Type II Diabetes Mellitus with end-stage renal disease
<input type="checkbox"/> E11.8 Type II Diabetes Mellitus with complication	<input type="checkbox"/> E11.42 Type II Diabetes Mellitus with peripheral neuropathy
<input type="checkbox"/> E11.21 Type II Diabetes Mellitus with nephropathy	<input type="checkbox"/> E11.69 Type II Diabetes Mellitus in obese
<input type="checkbox"/> Other: ICD-10 Diagnosis Code:	Description:
<b>Onset of Diabetes (Date):</b>	

Treatment Goal:

<b>Diabetes Therapy:</b> ACS Clinic Staff will initiate/renew Diabetes Therapy prescription to patient's pharmacy as per Ambulatory Care Pharmacy Services policy. Changes in medication and/or dosing will be communicated to referring physician via Epic or fax.
<b>A1c Goal:</b> <input type="checkbox"/> <7% <input type="checkbox"/> 7.5-8% <input type="checkbox"/> <8% <input type="checkbox"/> Other: _____
Last A1c Result: _____ Date: _____
<b>Statin Therapy:</b> (AAMC ACS will initiate/manage statin therapy according to ADA's cardiovascular disease and risk management guidelines and/or discuss with ACS Medical Director)
Please check "No" if provider would not like ACS to initiate/manage statin <input type="checkbox"/> No <input type="checkbox"/> Other:

Duration of Care: (Choose ONLY ONE)

<input type="checkbox"/> Indefinitely	<input type="checkbox"/> 30 days from referral/ Post- hospitalization	<input type="checkbox"/> Other (End DATE must be specified):
_____		
(MM/DD/YYYY)		

Initial Appointment:

<input type="checkbox"/> Immediately	<input type="checkbox"/> 2 Week	<input type="checkbox"/> 4 Week	<input type="checkbox"/> Other:
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Community Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Community Physician Name (Print): \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\*Responsible Referring Physician (Community Physician): The clinic will test, dose, and prescribe as the acting agent of ACS Medical Director. The referring physician remains ultimately responsible for the patient's diabetes therapy. The patient will be referred back to this physician if there are any issues with compliance or referrals.



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## **Ambulatory Care Pharmacy Services**

**Initial Clinical Referral Contract - Hospitalist**

**AAMC Hospitalist Initiated**

**P: 443.481.5826 / F: 443.481.5798**

Patient Label ID

This referral is required for clinical purposes.

This is not a referral for insurance purposes.

The referral is a legal contract between the provider and pharmacist allowing Ambulatory Care Pharmacy Services (*previously Anti-Coagulation Services*) to become the acting agent for the referring physician.

Clinic staff will contact patients for scheduling upon receipt of the referral.

All patients are scheduled. This is not a walk in clinic.

The initial new patient appointment is scheduled for 45-60 minutes to review patient's medical history and new patient education regarding the medication. Appointments are scheduled for further future appointments upon check out as directed by the protocol.

The AAMC hospitalist/provider may initiate the referral to the clinic. The initial referral is only valid for up to 30 days. A community physician must countersign the referral to assume the role of responsible referring physician. The AAMC provider should confirm with the community physician that they will assume responsibility and choose to refer the patient into the clinic.

The clinic is obligated to follow the hospital approved protocol as the acting agent for the physician. Any deviation from approved protocol requires the referring physician's direction and authorization.

Hospital protocol requires that both a current medication and problem list be submitted with the completed clinical new patient referral. AAMC provider may update both lists in Epic. The patient should not be scheduled without both lists.