Luminis Health.
Anne Arundel Medical Center

Diabetes Medication Management

AMBULATORY CARE PHARMACY SERVICES (ACS)
Initial Clinical Referral Contract - Community
Email: **ACS@luminishealth.org P: 443.481.5826 / F: 443.481.5798**

Patient's Name: **Birthdate**:

Patient Demographics Required: Phone: Home: Work:

Cell: Other:

INCLUDE REQUIRED DOCUMENTATION FOR ALL REFERRALS:

UPDATE & COMPLETE: ☐ MEDICATION LIST ☐ PROBLEM LIST

Reason for Referral: (Choose ALL that applies):

☐ Z79.4 Long term (current) use of insulin ☐ Z79.84 Long term (current) use of oral hypoglycemic drug	**X** Z79.899 Encounter for Medication Management

Patient's Indication for Therapy:
Please confirm that patient has Type 2 Diabetes and is not prescribed an insulin pump (Service excludes Type 1 Diabetes, Gestational Diabetes, and insulin pump therapy)

Type 2 Diabetes Mellitus ☐ E11.9 Type II Diabetes Mellitus ☐ E11.8 Type II Diabetes Mellitus with complication ☐ E11.21 Type II Diabetes Mellitus with nephropathy	☐ E11.22 Type II Diabetes Mellitus with end-stage renal disease ☐ E11.42 Type II Diabetes Mellitus with peripheral neuropathy ☐ E11.69 Type II Diabetes Mellitus in obese
☐ **Other**: ICD-10 Diagnosis Code: Description:	
Onset of Diabetes (Date): (*Please send current medication list*)	

Treatment Goal:

Diabetes Therapy: 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.			
A1c Goal: ☐ <7%	☐ 7.5-8%	☐ <8%	☐ Other: _____
Last A1c Result: _____ Date:_____			
Statin Therapy: (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 ☐ No ☐ Other:			

Duration of Care: (Choose ONLY ONE)

☐ Indefinitely   ☐ 30 days from referral/ Post- hospitalization   ☐ **Other (End DATE must be specified):** _____   **(MM/DD/YYYY)**

Initial Appointment:

☐ Immediately	☐ 2 Week	☐ 4 Week	☐ **Other:**

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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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 LH hospital 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 LH hospital 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 lists be submitted with the completed clinical new patient referral. LH hospitalists may update both lists in Epic. The patient should not be scheduled without both lists.