

Take control of your diabetes. Attend one of our diabetes classes in your area for up to 10 hours of individual and group classes with a pharmacist that will improve your diabetes.

Where is the nearest class?

Classes are provided at multiple convenient community sites within our region. Please check with your pharmacist.

How much does it cost?

Medicare and most Insurances cover the cost of our classes. Check with your Insurance company or pharmacist today.

How do I enroll in classes?

Just bring or have your doctor fax a signed Referral order certifying that you have diabetes and we will schedule you for the next class.

Our program helps you to:

- Be Physically Active
- Manage your Diabetes
- Eat Healthy and Count Carbs
- Reduce and Cope with Stress
- Control your Blood Sugar
- Reduce Diabetes Complications
- Taking/Managing Medications
- Prevent Diabetes-Related Health Problems

www.bhcdiabetes.com

DEAP
DIABETES EDUCATION
ACCREDITATION PROGRAM



The Diabetes Education Program at Buchanan Health Diabetes Center (BHDC) is nationally accredited by AADE. Our main office is located in Grundy, VA, however we can provide classes from any of our branch offices in an area near you. We have branch offices located inside drug-stores, churches, clinics, libraries, etc.

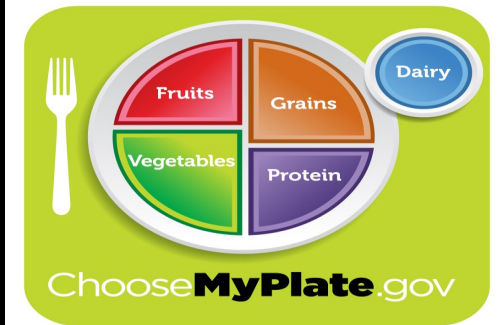
Supporters and Sponsors



VA Address: 20535 Hedgerow Hill
Bristol, VA 24202
Phone: 276-285-5234
Fax: 276-266-2662
TN Address: 4818 Fowler Drive
Morristown, TN 37814
Phone: 615-369-3574
Fax: 276-266-2662

PHARMACIST ALLIANCE

Diabetes classes offered closer to home taught by pharmacist's from a nationally accredited diabetes program.



PIDO Pharmacists Improving Diabetes Outcomes

Pharmacist Alliance and Buchanan Health Diabetes Center have teamed up with your local pharmacist to bring you this service

Toll free #: 1(877)466-4994

DIABETES SELF MANAGEMENT EDUCATION/TRAINING Referral Form

Patient Name: _____ **DOB:** _____ **Address** _____
Phone: _____ **Insurance:** _____

Reasons for DSME/T Referral:

- Initial DSME/T Class-10 hours or ____ hours
- Follow-up DSME/T - ____ hours
- Additional Insulin Training ____ hours
- Other: _____

****Medicare covers 10 hours initial DSME in a 12 month period & 2 hours of DSME follow-up annually****

Reasons for Medical Nutrition Therapy (MNT)

- Initial MNT
- Annual Follow-up
- Additional MNT Services: ____ hours

Please document in space below any change in treatment, medical condition/diagnosis:

RECENT LAB/MEASUREMENTS or FAX RESULTS to (276)266-2662

Ht: _____ Wt: _____ Date: _____
 BP: _____ Date: _____
 HbA1c: _____ Date: _____
 FBG: _____ Date: _____
 T Chol: _____ Date: _____
 LDL: _____ Date: _____
 HDL: _____ Date: _____
 Triglycerides: _____ Date: _____
 Micro-albumin: _____ Date: _____
 Other Relevant Labs:
 Lab: _____ Date: _____

PATIENT CONSENT FOR RELEASE OF LAB VALUES:

Signature: _____
Date: _____

Exercise Instructions

- The patient can participate in a fitness program
- The patient should not engage in a fitness program
- With Limitations: _____

Patients with special needs requiring individual DSME/T (please check all that apply):

- Vision Hearing
- Physical Language Cognitive Impairment
- Other: _____

Medical Diagnosis (please check):

ICD-9 DESCRIPTION

- _____ 250.01 Type 1 Diabetes
- _____ 250.03 Type 1 Diabetes, Uncontrolled
- _____ 250.00 Type 2 Diabetes/Unspecified
- _____ 250.02 Type 2 Diabetes, Unspecified, Uncontrolled

Complications/Comorbidities (please check all that apply)

- _____ Hypertension _____ Nephropathy _____ Neuropathy
- _____ Retinopathy _____ Dyslipidemia _____ CHD
- _____ Stroke _____ Obesity _____ PVD
- _____ Mental/Affective **Other (specify)** _____

Please sign and fax to: 1(276)266-2662

Physician/ARNP/PA Name (print/stamp):

Signature: _____

NPI# _____ **Date:** _____

Office Name & Address:

Office Phone #: _____ **Fax #:** _____

**PLEASE FAX REFERRAL FORM TO (276) 266-2662
 BEFORE GIVING TO PATIENT**

BHDC ♦ PO Box 1217, Grundy, VA 24614 ♦ Phone: (877) 466-4994