



**peach state
health plan.**
 1100 Circle 75 Parkway
 Suite 1100
 Atlanta, GA 30339
 Case Management Phone #: 1-800-504-8573
 Fax#: 1-866-532-8835

Diagnosis	
Diabetes	<input type="checkbox"/>
KidneyDisease	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>

Diabetes/Chronic Kidney Disease Referral Form

To:	Diabetes/CKD Case Management Team	From:	
		Phone:	()
		Date:	

Member Name: DOB:		HgA1c	
Medicaid #		Blood Sugar	
Member Address:		Phone	()

PLEASE CHECK ALL RISK FACTORS ASSOCIATED WITH THIS MEMBER

	Behavioral Health Issues		GFR ≤ 90ml/min/1.73m²
	Blood Pressure >130/80 mmHg		HDL > 40mg/dl
	Blood Sugar ≥ 126mg/dl		HgA1c > 7%
	Body Mass Index ≥ 25 BMI		Hypertension (w/Diabetes)
	Diabetes (newly diagnosed)		LDL > 100mg/dl
	Drug Use/Abuse		Pre-Diabetes: Blood sugar 100- 125 mg/dl
	Excessive Daily testing		Triglycerides > 150mg/dl
	Financial/Psychosocial Concerns		Urine Albumin > 30µg/mg creatinine
	Non-Compliance or Potential Non-Compliance		OTHER:

Please notify Peach State of all high risk Diabetic members by sending this form.

**WARNING: THIS FAX TRANSMISSION MAY CONTAIN
CONFIDENTIAL MEDICAL INFORMATION**

**The medical information that may be contained in this FAX
transmission is CONFIDENTIAL AND PRIVILEGED**

It is unlawful for unauthorized persons to review, copy, disclose or disseminate confidential medical information. If the reader of this warning is not the intended recipient or the intended recipient's agent, you are hereby notified that you have received this transmission in error; please notify us immediately at the telephone number listed above. It is also requested that you immediately transmit the information received in error to our office at the above address by mail. Peach State will reimburse you for this expense. Thank You.