

DIABETES SELF-MANAGEMENT EDUCATION/ MEDICAL NUTRITION THERAPY REFERRAL



Patient Name (First)	Middle	Last	Date of Birth
Home Phone	Cell Phone	Work Phone	
Current Medications			

Diagnosis with Code (Must check at least one):

- Type 1 controlled 250.01
 Type 1 uncontrolled 250.03
 Prediabetes 790.21
 Type 2 controlled 250.00
 Type 2 uncontrolled 250.02
 Complications/Other Conditions (including diagnosis codes) _____

Classes:

- New onset diabetes or first time education
 Review – has had education
 Intensive – has had education, but continues with "Out of Control" blood sugars
 Insulin: Type _____ Byetta Symlin
 Time & dose: _____
 Nutrition MNT/meal planning only
 Insulin pump preparation
 Prediabetes – minimal charge for self pay patients who do not have coverage
 Diabetes Overview – minimal charge for self pay patients who do not have coverage

- Individual Diabetes Appointment** Nurse Dietitian
***In order for an individual appointment to be scheduled a reason MUST be specified*
 Visual/Hearing Impairment Learning Disability
 Impaired Mental Status Impaired Mobility
 Impaired Dexterity Impaired Psychosocial Status
 Other: _____

Lab test	Hb A ₁ C	Triglycerides	Cholesterol	HDL	LDL
Date					
Result					

Patient Behavior Goals/Plan of Care: _____

Non Diabetes Nutrition Counseling with the Dietitian: (Specify medical reason and diagnosis code):

- Weight Loss Class – one hour
 Weight Loss Program – LEARN Curriculum / Multi-session
 Other Nutrition Counseling _____

Physician's signature required

print name

Date

This order is good for one year from the date signed.

Fax Referral to Diabetes and Nutrition Center: 937-384-6817 phone: 937-395-8472