



## Diabetes Self-Management Education/Medical Nutrition Therapy Referral

Patient's Name (Print): \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

*For services to be covered by Medicare, Medicaid, and other insurers, you must specify the following:*

### Reason For Referral:

- Diabetes Mellitus Type 2 Uncontrolled (E11.65)
  - Diabetes Mellitus Type 2 Newly Dx (E11.9)
  - Diabetes Mellitus Type 1 Uncontrolled (E10.65)
  - Diabetes Mellitus Type 1 Newly Dx (E10.9)
  - Pre- Diabetes Mellitus (R73.09)
  - Gestational Diabetes (O24.419)
  - Medical Nutrition Therapy
- \*Referring Diagnosis:** \_\_\_\_\_

### Education Needs:

- Initiate Self-Management Education & Training
- Meal Planning \_\_\_\_\_ calories or assessed by RD
- Oral Medications  
Name/Dose/Schedule: \_\_\_\_\_
- Insulin Therapy  
Type/Dosage/Schedule: \_\_\_\_\_
- Insulin Pump Therapy (Attach Orders)
- Exercise Restrictions: \_\_\_\_\_

### Labs:

Glucose Fasting \_\_\_\_\_ Random \_\_\_\_\_ HbA1c \_\_\_\_\_ Date \_\_\_\_\_

CHOL \_\_\_\_\_ HDL \_\_\_\_\_ LDL \_\_\_\_\_ TRIG \_\_\_\_\_ Cr. \_\_\_\_\_

### Learning Barriers: *If patient needs 1:1 instruction MD must state why.*

- |                                  |   |  |  |
|----------------------------------|---|--|--|
| <input type="checkbox"/> Visual  | <input type="checkbox"/> Language       | <input type="checkbox"/> Emotional     | <input type="checkbox"/> Ethnic/Cultural |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Physical       | <input type="checkbox"/> Mental Status | <input type="checkbox"/> Religious       |
| <input type="checkbox"/> Speech  | <input type="checkbox"/> Literacy Level | <input type="checkbox"/> Cognitive     | <input type="checkbox"/> Medical         |

Comments: \_\_\_\_\_

Please Print Physician's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

To schedule appointments, Call (843) 522-5635 Δ Fax: (843) 522-5454

*Thank you for the referral*