



700 East Marshall
Longview, TX 75601

Physician Referral Form
Outpatient Diabetes Education and Nutrition Services
903-315-5280



*The American Diabetes Association
Recognizes this education service as
meeting the National Standards for
Diabetes Self-Management Education.

Instructions: Fax completed form and a copy of the patient's most recent labwork to 903-315-2002.

DATE: _____
 PATIENT NAME: _____ DOB: ___/___/___ HT: _____ WT: _____
 PHONE (HM) _____ (work) _____
 ADDRESS: _____

Need for Diabetes Education: *I certify that diabetes self-management training services are needed under a comprehensive plan for this patient's diabetes care.*

MEDICAL DIAGNOSIS

- 250.00 Type 2 Diabetes, n/s as uncontrolled
- 250.02 Type 2 Diabetes, uncontrolled
- 250.01 Type 1 Diabetes, n/s as uncontrolled
- 250.03 Type 1 Diabetes, uncontrolled

MEDICAL DIAGNOSIS

- 648.80 Gestational Diabetes
- 790.29 Pre-Diabetes
- 790.22 Impaired Glucose Tolerance

REASON FOR REFERRAL:

- New onset diabetes
- Insulin start (Type _____ Dose _____)
- Insulin pump initiation or evaluation

Treatment Plan:

- Blood glucose monitoring frequency
 - Fasting BID TID 2 hour post meal
- Exercise Restrictions? Y _____ N _____
- Carbohydrate Counting

Current DM medications: _____

DIABETES EDUCATION ORDER: (check one):

- A. **Nutrition Consultation** – Individual session with the dietitian; includes 1 follow-up visit
- B. **Comprehensive Diabetes Education** – Includes an individual session with nurse educator and dietitian as well as group classes, then a 2 month follow-up. The program includes all areas of diabetes self-management education. ***Annual Follow-up available- 2 hours**
- C. **Individual Diabetes Education** – Same as comprehensive program; for patients **UNABLE** to attend group class. State reason :
 - Language barrier** **Impaired vision/hearing** **Physical challenge** **Cognitive**
 - No class starting within 2 months** **Other** _____
- D. **Gestational Diabetes Program** – Individual session with the nurse educator and dietitian. Instruction includes diet, blood glucose monitoring, urine ketone testing, exercise and etiology of Gestational Diabetes. One follow-up visit one week later.
- E. **Insulin Pump Program**- Includes one visit with the dietitian for carbohydrate counting. "Live start" day is 4 hours of pump basics. Patient will communicate with staff daily for first week. Follow-up in one week and one month.
- F. **Annual diabetes check-up and Assessment Services** (Medicare allows 2 hours re-evaluation or retraining 12 months after attending initial diabetes program.)

► **MEDICAL NUTRITION THERAPY FOR** ◀

- Weight loss/ gain
- Low fat/ Low cholesterol
- Renal diet / ESRD
- Other (Specify): _____

Physician Signature: _____ Date: _____
 Print physician's name: _____ Contact person: _____ Phone: _____

