



Orders/Referral

Patient's name _____ DOB: _____ Phone #: _____

Provider's name _____ Phone: _____ Fax: _____

Insurance Carrier Information and Authorization _____

Type of consultation: Endocrinologist Diabetes Self-Management Training Medical Nutrition Therapy

Diagnosis: Type 1 Type 2 Pre-diabetes (IGT/IFG) Date of diagnosis _____
 Thyroid Other endocrine _____

Pregnant: GDM Pre-existing diabetes (type _____)

Lab Results (complete and attach copy of lab work):

- A1c
- Microalbumin
- Lipid Panel
- Blood Pressure _____
- GTT for GDM
- BMP/CMP
- Thyroid Panel
- MRI/CT/US (Thyroid/Pituitary)
- Bone Density

Special learning needs/limitations require 1:1 education:

- Language (other than English): _____
- Hearing
- Vision/reading
- Physical limitations
- Cognitive deficits
- Other _____

- Please fax available reports: Chest X-ray, EKG, Stress Test, Dilated Eye Exam

Current Orders:

- Medications: Please fax a copy of current medication orders
- Insulin dose: _____ Injection Pen Pump Per educator
- Self Monitoring: Monitoring schedule as per diabetes educator _____
- Exercise: safe to exercise _____

Diabetes self-management training plan of care:

- Comprehensive** Diabetes Management Group Class
- Specific topic** classes (specify): _____
- Individual** instruction (specify): _____
- Insulin Pump Training:** (up to 10 hours as needed)

Other: _____

Referral for diabetes self-management training &/or medical nutrition therapy services:

I certify that DSMT &/or MNT services are needed under a comprehensive plan for this patient's diabetes care for the reason(s) listed above. I understand that patient reports will be sent at the end of the class series and after subsequent follow-up visits.

NPI

(signature of referring provider)
MNT services must be ordered by a physician

Note to patient: Your health plan may not cover this service. Contact your health plan representative to determine if pre-authorization is necessary. Please contact Charlotte at 409-833-9797 X2205 if you wish to discuss coverage.

Fax this referral to: 409-654-6909