Diabetes Education Center

1441 Constitution Blvd., Bldg. 300, Salinas, CA 93906
Phone: (831) 755-6292 Fax: (831) 796-2833

Referral Form

Patient's Name________________________ Date of Birth: ____ - ____ - ____ Phone/Cell Number:	Referring Doctor/Clinic:________________________ Address:____ Phone: Fax:

Diabetes Diagnosis: ICDM

☐ Type 1 ICD10 E10.65	☐ Gestational	ICD10 099.810
☐ Type 2 Controlled ICD10 E11.9	☐ Impaired Glucose Tolerance	ICD10 R73.09
☐ Type 2 Uncontrolled ICD10 E11.65	☐ Other (not listed) ___________________	

Diabetes Self-Management Education/Training (DSME/T)

The patient is to attend the following:

- ☐ Comprehensive Management Skills Individual/Group
- ☐ (1:1 Assessment and 1:1 follow up at 3, 6 and 9 months. HgbA1c done as needed)
- ☐ Complications (Acute) Instruction (1:1)
- ☐ Complications (Long-term) Instruction (1:1)
- ☐ Insulin Instruction (1:1)
- ☐ Insulin Pump Training (1:1)
- ☐ Management of Diabetes During Pregnancy
- ☐ Self-Blood Glucose Monitoring (1:1)

Medical Nutrition Therapy (MNT) (1:1) * *Referral for MNT must be signed by physician only*

Check the type of MNT and or number of additional hours requested

- ☐ Initial MNT ☐ 3 hours or ____no.hrs. requested
- ☐ Annual follow-up MNT ☐ 2 hours or ____no. hrs. requested
- ☐ Additional MNT services in the same calendar year, per RD

Diabetic Complications

☐ Cardiovascular Disease	☐ Hypertension	☐ Neuropathy
☐ Dermatopathy	☐ Hyperlipidemia	☐ Retinopathy
☐ Gastroparesis	☐ Nephropathy	☐ Other:

Please fax the following documents at the time of referral:

- ☐ Last Doctor's Note
- ☐ Most Recent Labs (HgbA1c, Lipid Panel, Comprehensive Metabolic Panel, and Urine Microalbumin/Creatinine)
- ☐ List of ***ALL*** Medications
- ☐ Demographics and Copy of Insurance Card

Progress notes will follow via mail or fax after each visit.

Comments:____

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Referring Physician:__________________**Physician's Signature:**___________________**Date:**______

For Diabetes Education Center Use Only Patient appointment date: __________________ Time: __________ Scheduled for: ☐ Individual ☐ Group Comments: ____