Natividad
Inspiring healthy lives℠

Diabetes Education Center
1441 Constitution Boulevard, Salinas, CA 93906
(831) 755-6292 | www.natividad.com

Referral Form

Patient's Name: _____	Referring Doctor/Clinic: _____
Date of Birth: _____	Address: _____
Phone/Cell Number: _____	Phone/Cell Number: _____

Diabetes Diagnosis: ICDM

- ❑ Type 1 ICD10 E10.65
- ❑ Type 2 Controlled ICD10 E11.9
- ❑ Type 2 Uncontrolled ICD10 E11.65
- ❑ Gestational ICD10 099.810
- ❑ Impaired Glucose Tolerance ICD10 R73.09
- ❑ 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*

- ❑ Initial MNT
- ❑ Annual follow-up MNT
- ❑ 3 hours or _____ no. hrs. requested
- ❑ 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: _____

Referring Physician: _____ Physician's Signature: _____ Date: _____

For Diabetes Education Center Use Only

Patient appointment date: _____ Time: _____ Scheduled for: ❑ Individual ❑ Group

Comments: _____