



## DIABETES SELF-MANAGEMENT REFERRAL FORM

Referral telephone: (860) 872-5150

Referral fax: (860) 474-1700

Patient Information	Referring MD Information
Name:	Name:
Address:	Address:
	Telephone:
Date of Birth:	Fax:
Home Telephone:	* Physician Signature:
Work Telephone:	* UPIN

\* Physician signature and UPIN required for MNT

DATE OF REFERRAL: \_\_\_\_\_ INSURANCE COMPANY: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

SIGNIFICANT MEDICAL HISTORY: \_\_\_\_\_

DIAGNOSIS / ICD-9 CODES (Please check all that apply)

✓	ICD-9	DESCRIPTION	✓	ICD-9	DESCRIPTION	✓	ICD-9	DESCRIPTION
		<b>DIABETES</b>			<b>CARDIOVASCULAR</b>			<b>ENDOCRINE</b>
	250.00	DM Type 2, controlled		401.9	Hypertension		790.29	Other Abnormal Glucose
	250.01	DM Type 1, controlled		414.00	Coronary Atherosclerosis		277.7	Metabolic Syndrome
	250.02	DM Type 2, uncontrolled		272.0	Hypercholesterolemia		250.80	Hypoglycemia, Diabetic
	250.03	DM Type 1, uncontrolled		272.1	Hypertriglyceridemia			
	648.83	Gestational Diabetes		272.4	Hyperlipidemia			<b>WEIGHT / NUTRITION</b>
	648.03	Pregnancy complicated by preexisting DM		429.2	Cardiovascular Disease		278.01	Morbid Obesity
							278.00	Obesity
		<b>OTHER</b>					783.1	Abnormal Weight Gain

**REASON FOR REFERRAL:**

- \_\_\_\_\_ **Diabetes Self-Management Training (DSMT) classes** - full, initial program with MNT\*  
 \_\_\_\_\_ 10 hours maximum or \_\_\_\_\_ other length desired (please specify # of hours)
- \_\_\_\_\_ **Medical Nutrition Therapy (MNT)\*** - without concurrent DSMT, individual  
*Recommended for patients with pre-diabetes or diabetes. Covered by most private insurers.*
- \_\_\_\_\_ **Counseling** - with RN and RD, individual  
*Recommended for pregnant patients and patients with learning barriers.*
- \_\_\_\_\_ **Insulin Therapy, individual. Rx:** \_\_\_\_\_
- \_\_\_\_\_ **Education Review** with RN and/or RD, individual: \_\_\_\_\_ 1 hour or \_\_\_\_\_ 2 hours  
*Medicare covers 2 hours per year after initial diabetes self-management training.*
- \_\_\_\_\_ **Other:** \_\_\_\_\_

**RECENT RESULTS:**

Fasting BG \_\_\_\_\_ 1 hour \_\_\_\_\_ 2 hour \_\_\_\_\_ 3 hour \_\_\_\_\_  
 Random BG \_\_\_\_\_ Hemoglobin A1c \_\_\_\_\_  
 Total Cholesterol \_\_\_\_\_ LDL \_\_\_\_\_ HDL \_\_\_\_\_  
 Triglycerides \_\_\_\_\_ Blood Pressure \_\_\_\_\_