1609 Park Drive, Traverse City, MI 49686

P: 231.421.9612 / 800.442.1713 ⬥ Fax: 231.947.6401

##### Referral Form for Diabetes Self-Management Training & Medical Nutrition Therapy

Please Fax completed referral to 231.947.6401

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| **Patient Data:** | **Provider Data:** |
| Name:       | Name:       |
| Address:       | Address:       |
| Phone:       | Phone:       | Fax:       |
| Date of Birth:       | ⌦NPI:       | ⌦Email:       |
| ⌦Does patient have clearance to exercise? [ ]  Yes [ ]  No | ⌦Signature: | ⌦Date:       |

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| **Services to be Performed** (please check box below)[ ]  Initial DSMT: LIFE with Diabetes* + Participant assessment and educational plan of care developed with RN,CDE and RD (1 hour individual)
	+ Group DSMT (six weekly, 2.5 hour group sessions utilizing Stanford Diabetes Self-Management Program curriculum) (11.5 hours group)
	+ Development of Diabetes Self-Management Support Plan, including follow-up needs

[ ]  Initial MNT (up to 3 hours)[ ]  Additional MNT ⌦No. of extra hours:      ⌦Specify change in medical condition, treatment or dx:     [ ]  Follow-up (subsequent year) DSMT (up to 2 hours individual)[ ]  Follow-up (subsequent year) MNT (up to 2 hours individual)[ ]  Pre-Diabetes Education**Special Need** DSMT is taught as 1 hour individual and the remaining in group setting unless special need is checked below, then all teaching is individual[ ]  Vision[ ]  Non-ambulatory [ ]  Hearing[ ]  Cognitive[ ]  Language[ ]  Other:       | **DSMT Content** (please check box/es below)[ ]  Content based on assessment of patient’s needs or only:[ ]  Monitoring diabetes[ ]  Psychological adjustment[ ]  Nutritional management[ ]  Medications[ ]  Diabetes as disease process[ ]  Physical activity[ ]  Goal setting, problem solving[ ]  Prevent, detect and treat acute complications[ ]  Prevent, detect and treat chronic complications**DSMT/MNT Eligibility** Must provide ONE of these diagnostic criteria* FBG ≥126 mg/dl on 2 tests:

FBG:       and FBG:      * 2 hr OGTT ≥200 mg/dl on 2 tests

2 hr OGTT:       and 2 hr OGTT:      * Random BG ≥200 mg/dl (with symptoms of uncontrolled diabetes) Random BG:
 |
| [ ]  Excessive thirst[ ]  Excessive urination[ ]  Excessive hunger[ ]  Blurry vision | [ ]  Excessive tiredness[ ]  Unintentional weight loss[ ]  Tingling in extremities[ ]  Other:       |

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| **Primary Diabetes Diagnosis** (please check box below) | ICD-10 | With/Without Complications (please check box below) | ICD-10 |
| [ ]  Type 1 diabetes mellitus[ ]  Type 2 diabetes mellitus[ ]  Other abnormal fasting glucose (pre-diabetes)[ ]  Other:       | E10.\_\_E11.\_\_R73.09      | [ ]  With kidney complications[ ]  With ophthalmic complications[ ]  With neurological complications[ ]  With circulatory complications[ ]  With other specified complications[ ]  With hypoglycemia[ ]  With hyperglycemia[ ]  With unspecified complications[ ]  Without complications | \_\_.2\_\_.3\_\_.4\_\_.5\_\_.6\_\_.64\_\_.65\_\_.8\_\_.9 |

|  |  |
| --- | --- |
| Lab Work (please attach or complete) | Rx Medications (please attach or complete) |
| A1C | T-Chol | HDL-C | LDL-C | TG | BP | BMI | Diabetes (dose/frequency):       |
|       |       |       |       |       |       |       | Other: [ ]  BP [ ]  Lipids [ ]  Depression/Anxiety [ ]  Other:       |
| Current Treatment Plan (complete as appropriate) |
| Target A1C:      % | SMBG Schedule (time/frequency):       |
| Care Manager:       | Phone:       | E-mail:       | Fax:       |

We look forward to working with you to help your patient manage their diabetes