



## Outpatient Diabetes – Nutrition & Education Referral Form

Diabetes Self-Management Education/Training and Support Services offers a series of individual and group sessions with a Certified Diabetes Care and Education Specialist who will empower the patient to find practical solutions that will fit their personal needs to self-manage their diabetes.

|                          |                            |                          |
|--------------------------|----------------------------|--------------------------|
| <b>Royal Oak:</b>        | <b>Phone: 248-551-6799</b> | <b>Fax: 248-551-6236</b> |
| <b>Troy:</b>             | <b>Phone: 248-964-0195</b> | <b>Fax: 248-964-0850</b> |
| <b>Grosse Pointe:</b>    | <b>Phone: 586-443-7640</b> | <b>Fax: 586-443-2309</b> |
| <b>Dearborn:</b>         | <b>Phone: 313-593-7660</b> | <b>Fax: 313-593-7662</b> |
| <b>Farmington Hills:</b> | <b>Phone: 947-521-5305</b> | <b>Fax: 947-521-8341</b> |

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Type of Diabetes:

- Type 1 Diabetes (E10.9)
- Type 1 Diabetes/uncontrolled (E10.65)
- Type 2 Diabetes (E11.9)
- Type 2 Diabetes/uncontrolled (E11.65)
- Other \_\_\_\_\_

### Referral for:

- Comprehensive Diabetes Self-Management Education Program (DSMES) (10 hours)
- Insulin Administration Education - Insulin Type \_\_\_\_\_ Dose \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  Syringe  Pen
- Pre-Diabetes Education R73.03 / Medical Nutrition Therapy (one hour / individual)
- Medical Nutritional Therapy (MNT) (1 hour / individual) number of 1 hour sessions. \_\_\_\_\_

**Barriers to Group Learning:**  none  vision  hearing  language  cognitive  physical  other \_\_\_\_\_

Physician Signature: \_\_\_\_\_ NPI# \_\_\_\_\_

Physician Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of laboratory results: \_\_\_\_\_

FBG#1 \_\_\_\_\_ FBG#2 \_\_\_\_\_ (or) Random BG \_\_\_\_\_ (or) OGTT \_\_\_\_\_ AIC \_\_\_\_\_ (date) \_\_\_\_\_

Cholesterol \_\_\_\_\_ Triglycerides \_\_\_\_\_ HDL \_\_\_\_\_ LDL \_\_\_\_\_

## Diabetes in Pregnancy Referral Form Gestational Diabetes Management (GDM)

|   | <b>FAX</b>   | <b>PHONE</b> |
|---|--------------|--------------|
| FAX Completed form to: Corewell Health William Beaumont University Hospital | 248-551-6236 | 248-551-6799 |
| Corewell Health Beaumont Troy Hospital                                      | 248-964-0850 | 248-964-0195 |
| Corewell Health Beaumont Grosse Pointe Hospital                             | 586-443-2309 | 586-443-7640 |
| Corewell Health Dearborn Hospital   | 313-593-7662 | 313-593-7660 |
| Corewell Health Farmington Hills Hospital                                   | 947-521-8341 | 947-521-5305 |

Patient Name: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ LMP: \_\_\_\_\_ EDC: \_\_\_\_\_ Gest. Age: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Please check appropriate diagnosis code:

- GDM ( O24.419 Unspecified Control), ( O24.410 Diet Controlled), ( O24.414 Insulin Controlled)  
 Type 1/Pregnant ( O24.011 1<sup>st</sup> Trimester), ( O24.012 2<sup>nd</sup> Trimester), ( O24.03 3<sup>rd</sup> Trimester)  
 Type 2/Pregnant ( O24.111 1<sup>st</sup> Trimester), ( O24.012 2<sup>nd</sup> Trimester), ( O24.113 3<sup>rd</sup> Trimester)  
 O99.810 Abnormal Glucose Complicating Pregnancy (MNT)  
 Multi Para  
 Barriers to Education:  None  Hearing  Vision  Language  Cognitive  Physical  Other: \_\_\_\_\_

### Courses offered (Plan of Care below) for GDM Patient: DSME-S and MNT

Diabetes Self-Management Education and Support (**DSME-S**)

Class includes:

- Individual meal plan
- Blood glucose monitoring

Glucometer Instruction (part of **DMES-S** course)  
 Glucose monitoring schedule (choose one)

Twice a day (fasting & 2 hr. post dinner)  
 Four times a day (fasting & 2 hrs post meals)  
 Other, specify: \_\_\_\_\_

FAX prescription for meter & supplies along with this referral form.  
 Specify:

Insulin or non-insulin  
 Number of times to test  
 Diagnosis code

Medical Nutrition Therapy (MNT) # hours/service: \_\_\_\_\_ (1-2 hrs)  
 \*Program includes Individual Meal Plan, lifestyle and nutritional counseling

Insulin  Yes  No Please specify type \_\_\_\_\_ dose \_\_\_\_\_ time \_\_\_\_\_ syringe or pen

### Laboratory Data: (testing date and results are MANDATORY)

GDM Screen date: \_\_\_\_\_ 1 hr post glucose: \_\_\_\_\_ FBG date: \_\_\_\_\_  
 3 hr. GTT date: \_\_\_\_\_ fasting: \_\_\_\_\_ 1 hr \_\_\_\_\_ 2 hr \_\_\_\_\_ 3 hr \_\_\_\_\_  
 2 hr. GTT date: \_\_\_\_\_ fasting: \_\_\_\_\_ 1 hr \_\_\_\_\_ 2 hr \_\_\_\_\_ 3 hr \_\_\_\_\_

**Instructions/Follow-up Orders Pts. To call OB if:**  fasting > 90  2 hrs. pp > 120  Other \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ NPI# \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Physician Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_