

DIABETES PROGRAM REFERRAL FORM (DSMT and MNT Services)

Phone: 360-794-1447, Ext. 370; Fax: 360-805-3453

Diabetes Self Management Training (DSMT) and Medical Nutrition Therapy (MNT) are individual and complementary services to improve diabetes care. For Medicare beneficiaries, both services can be ordered in the same year. Research indicates MNT combined with DSMT improves outcomes.

I. PATIENT INFORMATION

Patient's Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Gender: M F

Home Phone: _____ Work Phone: _____

II. DIAGNOSIS

- Type 1 Diabetes uncontrolled (250.3)
- Type 1 Diabetes controlled (250.01)
- Type 2 Diabetes uncontrolled (250.02)
- Type 2 Diabetes controlled (250.00)
- Gestational Diabetes (648.83)

COMPLICATIONS/COMORBITIES

CHECK ALL THAT APPLY

- CHD (414.80)
- Chronic Renal Failure (585.): Stage _____
- Gastroparesis (536.3)
- Hyperlipidemia (272.)
- Hypertension (401.9)
- Microalbuminuria/Proteinuria (749.)
- Nephropathy (583.81)
- Neuropathy (250.6)
- Obesity (278.00)
- Morbid Obesity (278.01)
- Pregnancy (648.03)
- Retinopathy (363.0)
- TIA (435.90)
- Other: _____

III. CURRENT CLINICAL DATA (OR FAX NOTES)

ORAL:

INSULIN:

PATIENT NOW USES:

- Pen Needle Pump

Values	Date
Fasting BG:	
OGTT: 1hr _____ 2hr _____ 3hr _____	
Random BG:	
HbA1C:	
Cholesterol:	
LDL: _____ HDL: _____	
Triglycerides:	
ALT:	
Creatinine:	
Microalbumin:	

IV. PLAN OF CARE

- DSMT – Total 10 hours (1 hour individual assessment, 8 hours group instruction, 1 hour follow-up)
- Gestational Diabetes DSMT Instruction – Insulin order: _____
- Yearly DSMT follow up (2 hours)
- MNT – Total 3 hours (nutrition assessment, counseling and follow-up)
- Yearly MNT follow-up (2 hours)
- Insulin training: Needle Pen Pump Type _____ Dose _____ Frequency _____

Signature: _____

Date: _____

Group Practice Name: _____

Phone Number: _____

PLEASE FAX COMPLETED FORM TO 360-805-3453

DIABETES REFERRAL FORM DIABETES PROGRAM



P.O. BOX 646
14701 179th AVENUE S.E.
MONROE, WA 98272-0646
(360) 794-7497

(Addressograph)



Patient Instructions:

Your doctor has recommended adding a Diabetes Educator to your care team. The Diabetes Educators at Valley General Hospital will provide you with the tools and support to help you better understand and cope with diabetes.

To make an appointment, please call a Diabetes Educator at:
360/794-1447 ext. 370

To make the most of your appointment time, please bring the following:

- This referral form
- Needs Assessment forms (we will mail you the needs assessment form to complete at home before your appointment)
- Blood glucose meter and logbook
- A list of current medications, including supplements (you may bring your medicine/supplement bottles if preferred)
- A list of your questions or most immediate concerns
- A family member or friend, if desired
- Your insurance card

Please **call 360-794-1447, ext. 370** if you have any questions or need to reschedule your appointment. We look forward to meeting with you and being a part of your team!