



DT0126

**DCH Diabetes & Nutrition Education Center**

600 Paul W. Bryant Drive E., Tuscaloosa, AL 35401

P: (205) 750-5260 Fax: (205) 750-5222

**REFERRAL ORDER FOR: DIABETES SELF-MANAGEMENT TRAINING (DSMT) & MEDICAL NUTRITION THERAPY****PLEASE FAX COMPLETED ORDER, CLINIC NOTES, LAB RESULTS, & DEMOGRAPHICS WITH REFERRAL****PATIENT DATA:**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

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

Insurance Type: \_\_\_\_\_

Does patient have clearance to exercise? YES NO

**PROVIDER DATA:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

NPI: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**SERVICES TO BE PERFORMED:** Initial DSMT & Initial MNT       Initial DSMT       Initial MNT Insulin Training (using insulin at this time)*10 DSMT topics taught as needed\* as 1 hour individual + 9 hours group (UNLESS **Special Need** checked below, then all hours individual).*Special Need:  Vision       Non-Ambulatory       Physical Disability       Hearing  
 Cognitive       Language       Other: \_\_\_\_\_\*OR only these topics:  SMBG     Nutrition     Exercise     Medication     Goal Setting & Problem-Solving     Coping-Stress Control  
 Acute Complications     Chronic Complications     Pathophysiology     Preconception/Pregnancy/GDM    Less than 10 initial hours requested: \_\_\_\_\_ **Additional MNT** (No. of extra hours = \_\_\_\_\_ Specify change in medical condition, treatment or dx: \_\_\_\_\_) **Subsequent Year DSMT and MNT**       **Subsequent Year DSMT**       **Subsequent Year MNT** **Pre-Diabetes (A1C 5.7-6.4)** (1 hour \$60 follow up hours \$50 each; No Medicare Coverage)**DIAGNOSIS:** Write the Diagnosis Code. Do not ~~check~~ mark

ICD-10 CODE: \_\_\_\_\_ DM Type 1

ICD-10 CODE: \_\_\_\_\_ DM Type 2 (no insulin)

ICD-10 CODE: \_\_\_\_\_ DM Type 2 (Long term or current use of insulin)

ICD-10 CODE: \_\_\_\_\_ Prediabetes (A1C 5.7-6.4)

ICD-10 CODE: \_\_\_\_\_ CKD stage \_\_\_\_\_

ICD-10 CODE: \_\_\_\_\_ Other \_\_\_\_\_

**LAB RESULTS:**

A1c \_\_\_\_\_ Date: \_\_\_\_\_

Most recent **Fasting** Blood Glucose level: \_\_\_\_\_

Renal MNT: GFR 13 to 50

GFR: \_\_\_\_\_