

## REFERRAL FORM

Patient's Last Name: _____	Patient's First Name: _____
Date of Birth: _____	Gender: <u>M</u> / <u>F</u>
Health Insurance Carrier: _____	Phone: _____
Member ID number: _____	

### Diabetes Management - Please Send A Copy of H&P and All Current Lab Work

**Diabetes Medical Management and Education (99203-99205; 99213-99215)**

Nurse practitioner and certified diabetic educator will work with the primary care/referring provider to manage diabetes through review and on-going monitoring of the following: blood glucose, food and activity log, lab results, anti-diabetic medication (dose adjustments, addition/discontinuation of diabetes medications). The patient may receive group education as needed.

**Diagnosis:**  Prediabetes  Diabetes Type 1  
 Diabetes Type 2  Gestational diabetes

**ICD-10 Code (required):** \_\_\_\_\_

**Diabetes Education ONLY (G0108/G0109)**

Education is taught by a certified diabetes educator based on the 7 AADE components: monitoring, being active, healthy eating, coping, problem solving, reducing risks and medication mechanism of action. A post-education note will be provided to the primary care provider/referring provider.

**Diagnosis:**  Diabetes Type 1  Diabetes Type 2  
 Gestational diabetes

**ICD-10 Code (required):** \_\_\_\_\_

### Registered Dietitian Services - Nutrition Counseling / Medical Nutrition Therapy (MNT)

Please Send A Copy of H&P and All Current Lab Work

**Diagnosis:**  Diabetes  Chronic Renal Failure  Hyperlipidemia  Hypertension  Obesity  
 Other: \_\_\_\_\_

**ICD-10 Code (required):** \_\_\_\_\_

### Tobacco Treatment Services (Free)- No Physician Signature Required

Tobacco/Nicotine Treatment Counseling (Coaching and follow-up, by appointment).

### Fitness Services Reason for referral: \_\_\_\_\_

Group Exercise Classes \$10/day, \$40/mo, \$100/qtr (various classes)  
 Individual Fitness Training (coaching and follow-up, by appointment, \$75/hr)

<b>Physician Name:</b> _____	Date: _____
<b>Physician Signature:</b> _____	Office Phone: _____ Office Fax: _____