

**FAX TO: (757) 312-6271 CRMC Outpatient Scheduling  
Diabetes & Nutrition Education Prescription**

Patient Name: \_\_\_\_\_ Date \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell# \_\_\_\_\_ DOB \_\_\_\_\_  
 Healthkeepers Auth. # \_\_\_\_\_ Work # \_\_\_\_\_

**DIAGNOSIS:** (please check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Type 2 Diabetes Controlled                   | <input type="checkbox"/> PreDiabetes                              |
| <input type="checkbox"/> Type 2 Diabetes Uncontrolled – Hyperglycemia | <input type="checkbox"/> Hyperlipidemia                           |
| <input type="checkbox"/> Type 2 Diabetes Uncontrolled – Hypoglycemia  | <input type="checkbox"/> Metabolic Syndrome                       |
| <input type="checkbox"/> Type 1 Diabetes Controlled                   | <input type="checkbox"/> Severe Obesity                           |
| <input type="checkbox"/> Type 1 Diabetes Uncontrolled – Hyperglycemia | <input type="checkbox"/> Obesity                                  |
| <input type="checkbox"/> Type 1 Diabetes Uncontrolled - Hypoglycemia  | <input type="checkbox"/> Other (please include ICD10 Code): _____ |
| <input type="checkbox"/> Gestational Diabetes (EDC: _____)            |   |

**SUPPORTING LABS**

FBG	A1C	Total Chol.	LDL	HDL	Triglycerides	UACR
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**I am referring this patient for (please check all that apply):**

- Complete Diabetes Program** *Includes 2 individual appointments (one hour each) with Diabetes Nurse Educator and Registered Dietitian, and 3 group classes (approximately 2.5 hours each – day and evening classes available).*
- Nutrition Counseling/Medical Nutrition Therapy** *(One hour counseling with dietitian) If referring for a diagnosis other than those listed above, please include diagnosis and ICD-10 code above and include comments below.*
- Diabetes Nurse Educator** *(One hour counseling on diabetes management)*
- Gestational Diabetes Consult/Class** *(Includes nutrition management and blood glucose monitoring)*
- Flexible Insulin Therapy** *(2 Individual Visits with Diabetes Nurse Educator) Includes: Carbohydrate (CHO) Counting Review, Label Reading, Insulin Dosing, Calculations, Treating Hypo/Hyperglycemia. We'll contact your office for specific information.*
- Carbohydrate Counting/Medical Nutrition Therapy** *(2 Individual Visits with a Diabetes Nutrition Educator) Includes: Review of basic CHO Counting, influence of fiber, sugar alcohols, fat, protein & exercise on BG, label reading, insulin dosing tips*
- Comments:** \_\_\_\_\_

**For Medicare Patients:**

- I hereby certify that I am managing this patient's Diabetes condition and that the above-prescribed training is a necessary part of management.
- This patient has special needs requiring only individual (1 on 1) education (please check all that apply):
  - Vision
  - Cognitive Impairment
  - Hearing
  - Language
  - Other \_\_\_\_\_

Print Name of Referring Physician/Provider \_\_\_\_\_ Phone \_\_\_\_\_  
 Group Name and Address \_\_\_\_\_  
 Physician's/Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**If you have any questions please call Central Registration at (757) 312-6137 or Lifestyle Center at (757) 312-6132.**