

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

Patient Name: _____

Date _____

Home Phone # _____

Cell# _____

DOB _____

Work # _____

Healthkeepers Auth. # _____

DIAGNOSIS: (please check all that apply)

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

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 with a Diabetes Educator and a Registered Dietitian Nutritionist, and 3 group classes (approximately 2.5 hours each – day and evening classes available).*
- Nutrition Counseling/Medical Nutrition Therapy** *(Individual counseling with a Registered Dietitian Nutritionist.) If referring for a diagnosis other than those listed above, please include diagnosis and ICD-10 code above and include comments below.*
- Diabetes Educator Consult** *(Individual counseling on diabetes management)*
- Gestational Diabetes Consult/Class** *(Includes nutrition management and blood glucose monitoring)*
- Flexible Insulin Therapy** *(2 Individual Visits with Diabetes Educator) Includes: Carbohydrate 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 Registered Dietitian Nutritionist) Includes: Review of basic carbohydrate 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 any 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 CRH Outpatient Registration at (757) 312-6137 or Lifestyle Center at (757) 312-6132.