Martha Jefferson **Hospital**

Referral for **Diabetes Education and Nutrition Counseling**
595 Martha Jefferson Drive, Charlottesville, VA 22911 Suite 330

Patient Information (PRINT) Please Fax completed form to: (434) 654-4411

Patient's Last Name	First	Middle Initial		
Address		City	State	Zip
DOB:	Home Phone #	Work #	Cell#	Referring Physician:

ALL FIELDS BELOW MUST BE COMPLETED FOR REIMBURSEMENT:

Appointment/Class Date and Time:_____with _____

Insurance pre-authorization number: Number of Visits: Effective dates:

Reason for Referral - check ALL that apply

	New onset diabetes
	Change in diabetes treatment regimen (from no meds to oral meds, or oral meds to insulin)
	High risk due to complications of diabetes
	DM with episodes of hypo or hyperglycemia requiring ER or hospitalization
	DM -Poor control (A1C>8.5 on 2 occasions within past 12 months, 3 or more months apart)
	Nutrition counseling – specify diagnoses below

Services Requested – check all that apply - if not specified, to be determined by educator

	1:1 Diabetes Education with RD and/or RN		
	1:1 Nutritional Counseling/Medical Nutrition Therapy		
	1:1 Gestational Diabetes management		
	1:1 Insulin Training		
	1:1 Meter Training		
	1:1 Insulin Pump Training		Identified barriers to education (vision, hearing, special needs)

Last A1C _____
Date: _____

Please FAX a copy of ALL recent labs with referral, or check □ if labs available through MJH lab

Diagnosis – check all that apply

	Cardiovascular Disease 429.2		Hypertension (benign) 401.9
	Celiac Sprue 579.0		Impaired Fasting Glucose 790.21
	DM type 1, controlled 250.01		Impaired Glucose Tolerance 790.22
	DM type 1, uncontrolled 250.03		Metabolic Syndrome 277.7
	DM type 2, controlled 250.00		Nephropathy 583.9
	DM, type 2, uncontrolled 250.02		Neuropathy 355.9
	Eating Disorder 307.50 □ Anorexia 307.1		Obesity 278.00 □ Morbid obesity 278.01
	Gestational DM, undelivered 648.83		Pre-diabetes 790.29
	Hypercholesterolemia 272.0		Retinopathy 362.10
	Hypertriglyceridemia 272.1		Underweight 783.22
	Other:		Other:

Physician or PCP's Signature (required): Date:

(A physician or primary care provider's signature is required for insurance reimbursement)