

# DIABETES PROGRAM REFERRAL FORM (DSMT and MNT Services)

**Phone: 425-791-3087 Fax: 425-791-3088**

Diabetes Self Management Training (DSMT) and Medical Nutrition Therapy (MNT) are individual and complementary services to improve diabetes care. For Medicare beneficiaries, both services can be ordered in the same year. Research indicates MNT combined with DSMT improves outcomes.

## I. PATIENT INFORMATION

Patient's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M  F

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## II. DIAGNOSIS

- Type 1 Diabetes uncontrolled (250.3)
- Type 1 Diabetes controlled (250.01)
- Type 2 Diabetes uncontrolled (250.02)
- Type 2 Diabetes controlled (250.00)
- Gestational Diabetes (648.83)

### COMPLICATIONS/COMORBIDITIES

CHECK ALL THAT APPLY

- CHD (414.80)
- Chronic Renal Failure (585.): Stage \_\_\_\_\_
- Gastroparesis (536.3)
- Hyperlipidemia (272.)
- Hypertension (401.9)
- Microalbuminuria/Proteinuria (749.)
- Nephropathy (583.81)
- Neuropathy (250.6)
- Obesity (278.00)
- Morbid Obesity (278.01)
- Pregnancy (648.03)
- Retinopathy (363.0)
- TIA (435.90)
- Other: \_\_\_\_\_

## III. CURRENT CLINICAL DATA (OR FAX NOTES)

ORAL:

INSULIN:

PATIENT NOW USES:

- Pen  Needle  Pump

**Values**

**Date**

Fasting BG:

OGTT: 1hr \_\_\_\_\_ 2hr \_\_\_\_\_ 3hr \_\_\_\_\_

Random BG:

HbA1C:

Cholesterol:

LDL:

HDL:

Triglycerides:

ALT:

Creatinine:

Microalbumin:

## IV. PLAN OF CARE

- DSMT – Total 10 hours (1 hour individual assessment, 8 hours group instruction, 1 hour follow-up)
- Gestational Diabetes DSMT Instruction – Insulin order: \_\_\_\_\_
- Yearly DSMT follow up (2 hours)
- MNT – Total 3 hours (nutrition assessment, counseling and follow-up)
- Yearly MNT follow-up (2 hours)
- Insulin training:  Needle  Pen  Pump Type \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

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

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

Group Practice Name: \_\_\_\_\_

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

**PLEASE FAX COMPLETED FORM TO 425-791-3088**

## DIABETES REFERRAL FORM DIABETES PROGRAM



1909 214<sup>th</sup> Street SE  
Suite 211  
BOTHELL, WA 98021  
(425) 791-3087

12728 19<sup>th</sup> Avenue SE  
Suite 300  
EVERETT, WA 98208  
(425) 791-3087

(Addressograph)



**Patient Instructions:**

Your doctor has recommended adding a Diabetes Educator to your care team. The Diabetes Educators at Western Washington Medical Group will provide you with the tools and support to help you better understand and cope with diabetes.

To make an appointment, please call a Diabetes Educator at:  
(425) 791-3087

To make the most of your appointment time, please bring the following:

- This referral form
- Needs Assessment forms (we will mail you the needs assessment form to complete at home before your appointment)
- Blood glucose meter and logbook
- A list of current medications, including supplements (you may bring your medicine/supplement bottles if preferred)
- A list of your questions or most immediate concerns
- A family member or friend, if desired
- Your insurance card

Please **call 425-791-3087** if you have any questions or need to reschedule your appointment. We look forward to meeting with you and being a part of your team!