

Patient's name: _____ DOB: _____ Phone: (____) _____
 Address _____
 _____ Insurance carrier: _____

Type of consultation: Endocrinologist ** non diabetes related ** Please indicate diagnosis below
 Endocrinologist + other services as needed (includes up to 10 hrs DSME & MNT)
 Diabetes Education only – Nurse and/or Dietitian

Diagnosis Date: _____
 TYPE 2 250.00 TYPE 2 UNCONTROLLED PREDIABETES
 TYPE 1 250.01 TYPE 1 UNCONTROLLED OTHER _____
 GESTATIONAL DIABETES DIABETES W/PREGNANCY _____

Diabetes Treated with: Diet only Oral medication Insulin Insulin pump

Reason for Ordering Diabetes Self Management Education:

- Newly diagnosed diabetes
- New to insulin
- Lack of feeling in foot or other foot problems
- Pre-proliferative or proliferative retinopathy
- High risk for complications (frequent hyper &/or Hypoglycemia AIC not at goal)
- Change in medication rx _____
- Albuminuria
- Other: _____

Please schedule individualized education sessions for my patient because of the following special needs:
 Language: _____ Other _____
 Physical limitations Visual / reading problems Cognitive deficits Hearing

Please schedule the following Diabetes Self-Management Education (DSME) for my patient:

- Comprehensive Diabetes Self Management – Diabetes Today class:
 Assessment, Nutrition, Monitoring, High and Low Blood Glucose, Sick Days, Risk Reduction,
 Exercise, and Foot Care and MNT
- Pump Program
- Medical Nutrition Therapy
- Insulin Initiation/Orders Type of insulin: _____ Dose: _____
 (Patients must have specific insulin orders/prescriptions or order for RN/CDE to develop dosage and
 titration schedule)
- Other _____

I certify that DSME services are needed under a comprehensive plan for this patient's diabetes care for the reason(s) listed above.

Referring provider's signature: _____ **Date:** _____

Referring provider's name: _____ **Phone:** _____ **Fax:(____)** _____

Note: Health plans may not cover this service. The patient should contact their health plan to determine if pre-authorization is necessary.

Please FAX the following information to us at 603-994-0123

- Completed orders/referral for Endocrinology and/or Diabetes Therapy
- Current medication list, last visit with past medical history OR relevant medical history
- Relevant lab or testing results
- Demographic/insurance information form