Legacy Diabetes and Nutrition Education

Physician Referral Form

LEGACY HEALTH

Please complete this form, print and sign, then fax to the appropriate location:

☐ Good Samaritan	☐ Meridian Park*	☐ Mount Hood*	☐ Emanuel*	☐ St. Helens	☐ Salmon Creek*	☐ Silverton*
Phone: 503-413-7227	Phone: 503-692-7791	Phone: 503-674-1254	Phone: 503-413-4340	Phone: 503-397-0471	Phone: 360-487-2727	Phone: 971-983-5212
Fax: 503-413-6888	Fax: 503-692-7788	Fax: 503-674-1267	Fax: 503-413-4898	Fax: 503-366-3014	Fax: 360-487-4849	Fax: 503-944-6813

**A hospital based department*

Patient information

Last name _____ First name _____ Middle initial _____

Date of birth _____ Home phone _____ Other phone _____ Insurance _____

Diabetes diagnosis *(please include ICD-10 code if not listed)* Date of diagnosis _____

☐ Type 1 diabetes without complication – E10.9
☐ Type 1 diabetes with hyperglycemia – E10.65
☐ Type 2 diabetes without complication – E11.9
☐ Type 2 diabetes with hyperglycemia – E11.65
☐ Gestational Diabetes – O24.419
☐ Pre-existing DM in Pregnancy- O24.319
☐ Other: _____

Diabetes Self-Management Education and Support (DSMES). If # of hours are not specified, DSMES team will defer to number of hours allowed per insurance benefit. Group classes include diabetes self-care skills, healthy eating, role of exercise and avoiding complications.

☐ **Comprehensive Diabetes Self-Management Training** (up to 10 hours for Medicare and/or 3 hours Medical Nutrition Therapy)

☐ **Diabetes Refresher- Type 1 or 2** (up to 2 hours for Medicare and/or 2 hours MNT) Focused self-care topics such as healthy eating, glucose monitoring, role of exercise and avoiding complications.

☐ **Gestational Diabetes**

☐ **Pre-Existing Diabetes in Pregnancy**

☐ **Continuous Glucose Monitoring Training and/or Interpretation.** Sensor start, download and interpretation.

☐ **Insulin Pump Training Management.** Includes assessment, pump start (if indicated), insulin adjustment and follow up.

Medication Orders

Educator may start or adjust insulin per protocol? ☐ Yes ☐ No

Educator may adjust other DM mediations per protocol? ☐ Yes ☐ No

Special Needs: Medicare will cover individual Diabetes Education only if one of the following is documented by the referring provider):

☐ Vision ☐ Hearing ☐ Language ☐ Cognitive ☐ Physical ☐ Psychological ☐ Transportation ☐ Other: _____

Educational Needs:

☐ All content identified by CDCES	☐ Healthy coping	☐ Taking Medication	☐ Taking Medication	☐ Being Active	☐ Other: _____
	☐ Monitoring	☐ Healthy Eating	☐ Reducing Risk	☐ Problem Solving	

Medical Nutrition Therapy (MNT): evidence-based nutrition counseling for the treatment and prevention of disease.

☐ MNT

MNT Diagnosis Codes:

☐ Prediabetes- R73.03	☐ Abnormal Weight Loss- R63.4	☐ Hypertension- 401.9	☐ CKD, stage 5- N18.5
☐ Overweight (BMI 25.9 – 29.9)- E66.3	☐ Abnormal Weight Gain- R63.5	☐ Celiac Disease- K90.0	☐ ESRD- N18.6
☐ Obesity (BMI 30.0 – 39.9)- E66. 9	☐ Hyperlipidemia- E78.5	☐ CKD, stage 3- N18.3	☐ Polycystic Ovarian Syndrome- E28.2
☐ Morbid Obesity (BMI >40.0)- E66.01	☐ Hypertriglyceridemia- E78.1	☐ CKD, stage 4- N18.4	

Please Include ICD-10 Code for the following:

Cancer: _____ GI Disorder(s): _____ Other: _____

➔ **Important! Please FAX recent progress notes, problem list, pertinent labs (A1c, Lipids, 3-HR GTT, other) and list of medications (required by The Joint Commission).** *(Not necessary if patient record is in Legacy EMR)*

Referring provider authorization

As the health care provider managing this patient's diabetes care, I certify that this training is needed to ensure therapy compliance and provide the necessary skills and knowledge to enable the patient to manage his/her condition.

Referring provider

Name _____ Clinic _____ Phone _____ Fax _____

Primary care provider (if different) _____ Clinic _____ Phone _____ Fax _____

Physician signature _____ Date _____