



Patient Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Please Fill in or Affix a Patient Label

**Provider Referral for Outpatient Diabetes Services**

**Patient Information:**

\_\_\_\_\_  
 Patient Name (First, Middle, Last) DOB \_\_\_\_\_  
 \_\_\_\_\_  
 Phone # Date of Referral \_\_\_\_\_

**Diabetes Diagnosis (ICD-10 in Parentheses):**

Type 1, Controlled (E10.19)     Type 1, Hyperglycemia (E10.65)     Pre-diabetes, Abnormal Glucose (R73.09)  
 Type 2, Controlled (E11.9)     Type 2, Hyperglycemia (E11.65)  
 Gestational (O24.419)     Pre-Existing DM with Pregnancy (O24.319)

**Current Treatment:**

Diet & Exercise     Oral Agents     Insulin

**Indicate One or More Reason for Referral:**

Recurrent Elevated Blood Glucose Levels     Recurrent Hypoglycemia     Change in DM Treatment Regimen  
 High Risk due to Diabetes Complication/Co-morbid Conditions:  
 Retinopathy     Neuropathy     Nephropathy     Gastroparesis     Hyperlipidemia  
 Hypertensions     Cardiovascular Disease

**Education Needed, Referral for:**

Comprehensive Diabetes Self Management Training (DSMT)  
 \*\*DSMT can be ordered by an MD, DO or midlevel provider managing the patient's diabetes.  
 Medical Nutrition Therapy (MNT)  
 \*\*MNT must be ordered by an MD or DO.

**Indicate any Existing Barriers Requiring Customized Education:**

Impaired Mobility     Impaired Vision     Impaired Hearing     Impaired Dexterity  
 Impaired Mental Status/Cognition     Language Barrier     Eating Disorder  
 Learning Disability or Other (please specify): \_\_\_\_\_

*I hereby certify that I am managing this beneficiary's Diabetes condition and that the above prescribed training is a necessary part of management.*

**Provider Signature (Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Provider Print Name:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**\*\*\*Fax this form, recent medicines, and lab work to scheduling at 828-268-9046. \*\*\***  
**Referring provider should schedule appointment and notify patient of time and date.**

