

Name: _____

Date of Birth: _____

Insurance: _____

Pre-certification #: _____

Referring Practitioner: _____

Patient's contact #: _____

Referring diagnosis/reason for referral: _____

NOTE: Please inform your patients that some referrals are not covered by insurance. For example, Medicare will only cover outpatient nutrition counseling for diabetes and renal disease diagnosis.

Type of Diabetes:

- New Diagnosis
- Pre-existing
- Type 1, uncontrolled
- Type 1, controlled
- Type 2, uncontrolled
- Type 2, controlled
- Gestational
- Pre-diabetes
- Other _____

Diabetes Self-Management Education/Training (DSME/T)

- Comprehensive Management Skills Group Class:** Two, 3-hour group sessions
- Individual Counseling** (Includes both, separate appointments)
 - 1:1 Nutrition Management (Certified Registered Dietitian): includes basic nutrition therapy
 - 1:1 Registered Nurse (Certified Diabetes Educator): includes medication, glucose monitoring with glucometer provided, insulin administration, and general diabetes and complications instructions

Please provide barrier(s) or reason(s) for individual consultation

- Impaired vision
- Language Barrier
- Hard of Hearing
- Other _____

Medical Nutrition Therapy (MNT)

- Diabetes
 - Weight Management
 - Obesity
 - Bariatric Counseling: Group (if available) or Individual Session
 - Other _____
- Cholesterol Lowering Low Sodium

Referring provider's signature: _____

**Thank you for your referral to the Diabetes and Nutrition Therapy Center at UR/Thompson Health
Fax order form, current labs, and medical history to 585-396-6915.
To schedule an appointment, please call 585-396-6910.**