Rev09/09

Martha Jefferson **Hospital**

Referral for Diabetes Education and Nutrition Services @

MJH HealthWise House, 509 Locust Ave, Charlottesville, VA 22902

Patient Information (Please PRINT)

Please **Fax** completed form to: **(434) 654-4411**

Patient's Last Name	First	Middle Initial	Social Security # :

Address	City	State	Zip

DOB:	Home Phone #	Work #	Cell#	Referring Physician:

ALL FIELDS BELOW MUST BE COMPLETED FOR REIMBURSEMENT:

Appointment/Class Date and Time:______________________with _______________________________

Insurance pre-authorization number:	Number of Visits:	Effective dates:

Reason for Referral - check ALL that apply

	New onset diabetes				
	Change in diabetes treatment regimen (from no meds to oral meds, or oral meds to insulin)				
	High risk due to complications of diabetes				
	DM with episodes of hypo or hyperglycemia requiring ER or hospitalization				
	DM -Poor control (A1C>8.5 on 2 occasions within past 12 months, 3 or more months apart)				
	Nutrition counseling – specify diagnoses below				
	Nutrition counseling in preparation for bariatric surgery (specify):		Lap band		Gastric bypass

Services Requested – check all that apply - if not specified, to be determined by educator

	Group diabetes education – includes nutrition, exercise, medication, monitoring, problem solving, goal setting, prevention of short and long-term complications.		
	Identified barriers to group education (vision, hearing, special needs, 1:1 requirements)		
	1:1 diabetes education with RN and/or RD		
	1:1 Nutritional Counseling/Medical Nutrition Therapy		
	1:1 Gestational Diabetes management		
	1:1 Insulin Training		**1:1** Insulin Pump Training
	1:1 Meter Training		Other:

Last A1C __________________
Date: ______________________

Please FAX a copy of ALL recent labs with referral, or check ☐ if labs available through MJH lab (Powerchart).

Diagnosis – check all that apply

	Cardiovascular Disease 429.2		Hypertension (benign) 401.9
	Celiac Sprue 579.0		Impaired Fasting Glucose 790.21
	DM type 1, controlled 250.01		Impaired Glucose Tolerance 790.22
	DM type 1, uncontrolled 250.03		Metabolic Syndrome 277.7
	DM type 2, controlled 250.00		Nephropathy 583.9
	DM, type 2, uncontrolled 250.02		Neuropathy 355.9
	Eating Disorder 307.50 ☐ Anorexia 307.1		Obesity 278.00 ☐ Morbid obesity 278.01
	Gestational DM, undelivered 648.83		Pre-diabetes 790.29
	Hypercholesterolemia 272.0		Retinopathy 362.10
	Hypertriglyceridemia 272.1		Underweight 783.22
	Other:		Other:

Physician or PCP's Signature (required): Date:

(A physician or primary care provider's signature is required for insurance reimbursement)