Pediatric Outpatient Nutrition and Diabetes Referral Form

Today's Date: _____

Ordering Physician: _____ Office contact Person: _____

Office Phone:_____ Office Fax:_____

Insurance Name: _____

Authorization #:_____ Name of person giving Authorization #: _____

(Required before appointment will be made)

Patient Information

Patient (Last, First, MI):_____

Patient DOB:_____Gender:_____ Allergies:_____

Current Diet: _____Physical Activity Restrictions:_____

Parent Name(s):_____

Parent Phone: Home:_____ Cell:_____Work: _____

Education Services Requested

- ☐ Diabetes Education & Medical Nutrition Therapy (Registered Nurse & Registered Dietitian) ***G0108 Individual Diabetes Education***
- ☐ Diabetes Education (Registered Nurse Only) ***G0108 Individual Diabetes Education***
- ☐ Medical Nutrition Therapy (Registered Dietitian Only) ***Initial MNT 97802***

Reason for Referral

- ☐ New Onset diabetes (STAT appointment needed)
- ☐ Follow up after New diagnosis
- ☐ Change in DM treatment regimen
- ☐ Re-current Hypoglycemia/ Re-current Hyperglycemia
- ☐ Insulin pump follow-up education
- ☐ Overweight or Obese
- ☐ Hyperlipidemia
- ☐ Failure to Thrive or Underweight
- ☐ Other:

Diagnosis

- ☐ Type 1 uncontrolled (E10.65)
- ☐ Type 2 uncontrolled (E11.65)
- ☐ Type 1 controlled (E10.9)
- ☐ Type 2 controlled (E11.9)
- ☐ Insulin Resistance (E88.81)
- ☐ Pre-Diabetes (R73.09)
- ☐ Other: _____

Date of Diagnosis: _____

Current Diabetes Medications

- ☐ NONE
- ☐ Insulin (type, dose, frequency) _____
  _____
- ☐ Oral/other (type, dose, frequency) _____
  _____
- ☐ Patient now uses: ☐ pen ☐ syringe ☐ pump

Provider Signature (Signature signifies order for treatment):_____

*******Please Attach Pertinent Lab Results & Growth Charts*******

TO SCHEDULE AN APPOINTMENT, Call Central Scheduling: 480-684-7500

MD FAX Orders to: 480-684-7501, if STAT appointment also fax to 480-412-8245

Questions? Please call: 480-412-7712 for our Registered Dietitian or for the Diabetes Program Office, call 480-412-4557