

**REFERRAL FOR DIABETES AND NUTRITION EDUCATION**  
**Diabetes and Nutrition Partners LLC - Phone # 512-737-4112**  
**Please Fax Completed Form to # 512-737-3756**

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Gender: Male/Female/Other Phone# \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Name of Referring Provider \_\_\_\_\_ Date \_\_\_\_\_

Provider Signature/NPI# \_\_\_\_\_

Group Name/Address/Ph# \_\_\_\_\_

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Please provide the date and results of following applicable labs and biometrics (or provide attachment):

Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_ Blood Pressure \_\_\_\_\_

A1c \_\_\_\_\_ FBG \_\_\_\_\_ OGTT 1hr \_\_\_\_\_ 2hr \_\_\_\_\_ 3hr \_\_\_\_\_ eGFR \_\_\_\_\_ uACR \_\_\_\_\_

Microalbumin \_\_\_\_\_ AST/ALT \_\_\_\_\_ TChol \_\_\_\_\_ HDL \_\_\_\_\_ LDL \_\_\_\_\_ TG \_\_\_\_\_

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Please list current diabetes regimen:

Orals \_\_\_\_\_ Insulin \_\_\_\_\_

Other Injectables \_\_\_\_\_ Pump \_\_\_\_\_

Meter or CGM Device \_\_\_\_\_

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**\*\*Individuals may be eligible for DSME/T AND MNT in the same year.\*\***

**Diabetes Self-Management Education and Support/Training (DSMES/T) and Medical Nutrition Therapy (MNT)**

**Check Reason for Referral:** \_\_\_\_\_ Initial DSMES/T: 10 hours or \_\_\_\_\_ hours OR \_\_\_\_\_ Follow Up DSMES/T: 2 hours

\_\_\_\_\_ Initial MNT: 3 hours OR \_\_\_\_\_ Annual Follow Up MNT: 2 hours

ICD 10 Code required (check all that apply):

\_\_\_\_\_ E11.9 Type 2 \_\_\_\_\_ E11.65 Type 2 Uncntrl \_\_\_\_\_ E10.9 Type 1 \_\_\_\_\_ E10.65 Type 1 Uncntrl \_\_\_\_\_ R73.03 PreDM

\_\_\_\_\_ 024 \_\_\_\_\_ Gestational \_\_\_\_\_ E66.3 Overweight \_\_\_\_\_ E66.9 Obesity \_\_\_\_\_ E66.1 Morbid Obesity \_\_\_\_\_ Other: \_\_\_\_\_

If more than 1 hour of individual initial training is needed, please check special needs that apply:

\_\_\_\_\_ Interpreter services \_\_\_\_\_ Literacy \_\_\_\_\_ Hearing \_\_\_\_\_ Vision \_\_\_\_\_ Cognitive \_\_\_\_\_ Physical \_\_\_\_\_ Other: (specify) \_\_\_\_\_

\* No group sessions available in next 2 months \*

Please instruct on: \_\_\_\_\_ Comprehensive DSMES/T OR \_\_\_\_\_ Specific Content Area (choose all that apply)

\_\_\_\_\_ Patho & tx options \_\_\_\_\_ Healthy coping \_\_\_\_\_ Healthy eating \_\_\_\_\_ Being active \_\_\_\_\_ Monitoring

\_\_\_\_\_ Taking medication (including insulin and/or injection training) \_\_\_\_\_ Reducing risk (acute + chronic)

\_\_\_\_\_ Problem solving (and behavior change strategies) \_\_\_\_\_ Preconception, pregnancy, gestational diabetes

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**Medical Nutrition Therapy (MNT)**

\_\_\_\_\_ Additional MNT hours for change in: \_\_\_\_\_ medical condition \_\_\_\_\_ treatment \_\_\_\_\_ diagnosis

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DSMES/T: 10 hours initial DSMES/T in 12-month period from the date of first session, plus 2 hours follow-up per calendar year with written referral from the treating qualified provider (MD/DO, APRN, NP or PA) each year.

MNT: 3 hours initial MNT in the first calendar year, plus 2 hours follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis with a written referral from any physician (MD/DO).

Rev 2/16/24