

Diabetes Self-Management Education & Support Referral Form

Andrea Troutner, RD, LD, CDCES, FAND

Please ask the client to book a FREE 15-minute Discovery Call package with the Dietitian provider, Andrea Troutner at www.healthcareforwellnessrd.com

PHONE: 301-466-0611 if booking questions arise

From:

(Print) Referring Provider Name:

Referring Provider Phone:

Referring Provider Fax:

Client's Name: _____ DOB: _____ Gender: _____

Phone Number: _____ - _____ - _____ Language Spoken: _____

Prescription for Education/Diagnosis

- ☐ Overweight [weight _____ (pounds) height (inches) _____ BMI _____]
- ☐ Obesity [weight _____ (pounds) height (inches) _____ BMI _____]
- ☐ Underweight [weight _____ (pounds) height (inches) _____ BMI _____]
- ☐ Hypertension (HTN) (BP _____ / _____)
- ☐ High Cholesterol
(TC _____ LDL _____ HDL _____ TG _____)
- ☐ Diabetes, Type 2 (A1c _____)
- ☐ Diabetes, Type 1 (A1c _____)
- ☐ Prediabetes (A1c _____)
- ☐ Other Endocrine Disorders
- ☐ Chronic Kidney Disease (CKD)
- ☐ Other (not specified): _____

Management Plan of Care/Session

- ☐ Diabetes Self-Management Education & Support (DSMES) (Initial Assessment & Informational Review Session)

Reason for Education

- ☐ New Diagnosis
- ☐ Needs Review
- ☐ Change in Treatment Plan/Other _____

REQUIRED

Date of Referral: ____/____/____

Medical Diagnosis/ICD 10 code(s): _____

Provider Signature: _____

Provider NPI #: _____

*** Please attach Medication List, Labs, and any comments with this referral ***

Diabetes Self-Management Education & Support Referral Form Process

Thank you for making a Diabetes Self-Management Education & Support (DSMES) session referral to *Health Care for Wellness LLC*. To ensure that your clients receive proper care promptly, please review the following guidelines to make this referral process both efficient and effective.

- Complete a Referral Form with the following:
 - medical diagnosis/ICD 10 diagnosis code
 - provider's signature and NPI number
- Fax this referral to *Health Care for Wellness LLC* on behalf of Dietitian provider, Andrea Troutner. Fax number is on the Referral Form. *Health Care for Wellness LLC* on behalf of Dietitian provider, Andrea Troutner is HIPAA compliant and secure e-fax.
- Please have the client book a FREE 15-minute Discovery Call package with the Dietitian provider, Andrea Troutner at www.healthcareforwellnessrd.com. If questions arise during this process, your client may call 301-466-0611.
- Andrea Troutner, on behalf of *Health Care for Wellness LLC*, will send you a cover letter of the DSMES service appointment upon completion and via fax.

If you have more questions or concerns about this referral process and want to speak to the dietitian provider, Andrea Troutner, please contact me at 301-466-0611.