Community Diabetes Education - Non-Pregnant Patient Diabetes Referral Form
215 N. Fresno St. Suite 230, Fresno, CA93701
Phone: (559) 459-1763 Fax: (559) 459-1034

COMMUNITY MEDICAL CENTERS

To assure prompt scheduling, all sections of referral form must be completed

Patient Information (complete on all patients)

Patient Name: _____ DOB: _____

Patient Address: _____ City/State/Zip: _____

Patient Phone Number: Primary Phone #: (_____)_____ Cell Phone #: (_____)_____

Preferred Language: ☐ English ☐ Spanish ☐ Other: _____ SSN: _____

Referring Physician (Print Name): _____ Primary Physician (if different): _____

Contact Person: _____ Phone #: _____ Fax #: _____

Please FAX a copy of the patient's insurance card / demographic / HMO / Authorization forms and referrals

Name of Insurance: Primary: _____ Secondary: _____

POS, EO, PPO Insurance(s): Covered benefit of education classes ☐ Yes ☐ No (Please mark box)
INTERPLAN, TRICARE, CCS: Authorization Form Attached ☐ Yes ☐ No
HMO Referral Attached ☐ Yes ☐ No

Indicate any barriers to group learning, requiring 1:1 education: check all that apply

☐ Impaired Vision ☐ Impaired Mobility ☐ Impaired Hearing
☐ Language Barrier ☐ Learning Difficulty ☐ Impaired Mental Status / Cognition
☐ Eating Disorder ☐ 1:1 Insulin Training ☐ Other _____
☐ N/A - No Barriers to Group Learning

Diagnosis (complete on all patients)

☐ Type 1 Diabetes Mellitus (DM) controlled ☐ Type 1 DM uncontrolled ☐ Type 2 DM controlled ☐ Type 2 DM uncontrolled
☐ Pre-conception counseling ICD10: _____ ☐ Other ICD10: _____

Please attach the following lab reports with the referral:
• A1C (within last 3 months) required prior to referral **(*A1C will be repeated while enrolled in the program)**

Diabetes Self-Management Program – Initial Training
(Only for patients who have NOT previously had any training)

☐ Initial Diabetes Self-Management Training (DSMT) & Initial Medical Nutritional Therapy (MNT): 13 hours**
☐ Initial Diabetes Self-Management Training (DSMT): 10 hours*
☐ Initial Medical Nutrition Therapy (MNT): 3 hours**
☐ Specific topics and hours if needs vary from above: _____

*** DSMT can be ordered by an MD, DO, or midlevel provider managing the patient's diabetes**

**** MNT must be ordered by an MD or DO**

Diabetes Self-Management Program – Follow Up Training
(For patients who HAVE previously had some training)

☐ Follow-Up Diabetes Self-Management Training (DSMT) & Follow up Medical Nutrition Therapy (MNT): 4 hours**
☐ Follow-Up Diabetes Self-Management Training: 2 hours*
☐ Follow-Up Medical Nutrition Therapy (MNT): 2 hours**
☐ Specific topics and hours if needs vary from above: _____

*** DSMT can be ordered by an MD, DO, or midlevel provider managing the patient's diabetes**

**** MNT must be ordered by an MD or DO**

Adapted from the American Diabetes Association Education Recognition Program

Date/Time: _____ Physician Signature: _____ Physician ID#: _____

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