

Diabetes and Nutrition Center Referral

1200 Seventh Avenue N., 4th Floor • St Petersburg, FL 33705
 Phone: (727) 820-7910 • Fax: (727) 820-7907
 Complete this form and fax to (727) 820-7907

Patient Name _____ M F Date _____

Phone _____ D.O.B. _____

Address _____

Patient Insurance _____ Referring Physician _____

Reason for Referral (Required Information)

Diabetes Education DX: _____ Recent HbA1c or FBS: _____

Please indicate all that apply:

- | | | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|-------------------------------------|------------------------------------------|
| <input type="checkbox"/> New DX | <input type="checkbox"/> Uncontrolled | <input type="checkbox"/> Gestational | <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Retinopathy |
| <input type="checkbox"/> Nephropathy | <input type="checkbox"/> CAD | <input type="checkbox"/> CHF | <input type="checkbox"/> HTN | <input type="checkbox"/> Pump Assistance |

Other _____

New to Insulin/Byetta Instruction: Type(s): _____

Dose/Time: _____

Pre-Diabetes Counseling Recent HbA1c or FBS: _____

**Insurance coverage may determine if patient receives full diabetes education or nutritional counseling only.*

Nutritional Counseling Only DX: _____

Please indicate educational need:

- | | | | |
|-------------------------------------------------|---------------------------------------------|----------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Cholesterol Management | <input type="checkbox"/> Metabolic Syndrome | <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Weight Gain |
| <input type="checkbox"/> Food Allergy | <input type="checkbox"/> Gastric Bypass | <input type="checkbox"/> Other Gastrointestinal Disorder | |
| <input type="checkbox"/> Other Renal Disorder | <input type="checkbox"/> Other _____ | | |

Physician's signature _____

Diabetes Education referrals will receive the following instruction unless otherwise indicated:

Diabetes self-care management, home glucose monitoring, understanding medications, prevention of acute and chronic complications, nutrition/carbohydrate counting, exercise, psychosocial adjustment, behavior change strategies and problem solving, basic pregnancy and preconception information (if applicable).

Please send a copy of recent labs (HbA1c, glucose, lipids) and progress note.

Education will be provided in a group and/or individual setting based on assessment of individual needs.