Individual Diabetes Education Referral Form

Patient Name: ______________________________________ DOB: _____________ Date: _____________

Home Phone #: ______________________________ Cell/Work Phone #: ___________________________

Insurance & Policy #: ____

Diabetes Diagnosis (check off at least one & specify ICD-10 code):

□ Type 1: _______________________________ □ Type 2: ________________________________

□ Other: _________________________________

Reason for Referral

□ New Onset Diabetes □ Uncontrolled Diabetes

□ Frequent and or Severe Hypoglycemia □ Other: _________________________________

Please Check Services (check those that apply):

□ **Carbohydrate Counting**

□ **Multiple-Dose Insulin**

Covers assessment of patient knowledge in regards to site selection, site rotation, insulin action, exercise, meal planning, injection techniques, hyper/hypo treatment, and blood glucose monitoring.

□ **Pre-Pump Education**

Covers initial assessment of patient knowledge in regards to pump options, carbohydrate counting, CSII vs MDI, and overview of basic pump functions. ***Pump starts will be coordinated with individual pump company representative***

□ **Pump Education**

Covers assessment of patient knowledge in regards to site selection, site rotation, pump functions, exercise, meal planning, hyper/hypo treatment, and blood glucose monitoring. ***(For those individuals already on a pump)***

Please Identify Pump Company and Model: ____

For services above please indicate Insulin Type & Amount:

Basal: ____________________________________

Bolus: ___________________ I:C ratio: ___________________ Correction Factor:_____________________

Provider Signature: ____ Date: ____________________

Referred by (Print): ____ Phone #: _________________

Fax #: ____

Complete form and FAX to 702-736-2831
Order sheet must be at our office prior to the patient's appointment
Please attach a copy of the last progress note with medication list and lab results (A1C, BMP or CMP, & Lipid Panel)

Alissa Dougherty MS, RD, LDN
WellHealth Endocrinology

Phone: 702-255-3547
Fax: 702-736-2831

9260 W Sunset Rd
Las Vegas, NV 89148