



WHH.DIA.COUN

Health Management

1475 Mt. Hood Avenue • Woodburn, OR 97071

971.983.5212 • silvertonehealth.org

Fax to 503.874.2479 and include – A1C, lipid profile, BUN/creatinine, microalbumin and most recent progress notes.

Referring physician _____

Phone _____ Fax _____

Patient name _____ DOB _____

Address _____

Primary phone number _____ Secondary phone number _____

Preferred language _____

Primary insurance _____ ID # _____

Secondary insurance _____ ID # _____

DIAGNOSIS

Please specify a 4th, 5th or 6th digit where appropriate next to the diagnosis.

Diagnosis Code

DIABETES

- Type 1 DM (E10. _____)
- Type 2 DM (E11. _____)
- Gestational diabetes mellitus, diet controlled (O24.410) (____)
- Gestational diabetes mellitus, insulin controlled (O24.414) (____)

PRE-DIABETES

- Impaired fasting glucose (R73.01) (____)
- Impaired glucose tolerance test – oral (R73.02) (____)
- Other abnormal fasting glucose (R73.09) (____)
- Metabolic Syndrome (E88.81) (____)

EATING DISORDERS

- Anorexia nervosa, unspecified (F50.00) (____)
- Anorexia nervosa, binge eating/purging (F50.02) (____)
- Bulimia (F50.2) (____)
- Eating disorder, unspecified (F50.9) (____)

OTHER

- Overweight (E66.3) (____)
- Obesity, unspecified obesity (E66.9) (____)
- Obesity complicating pregnancy, unspec. trimester (O99.210) (____)
- Mixed hyperlipidemia (E78.2) (____)
- Other: _____

Reason for Referral

- Newly Diagnosed
- Knowledge Deficit
- Change in Treatment
- High Risk for Complications
- Other: _____

Current Clinical Data

Ht: _____ Wt: _____

INDICATE DIABETES EDUCATION OPTION

Diabetes Self-Management Training (Diabetes Living!)

- COMPREHENSIVE CLASS**
(up to 13 hours of instruction)
 - 1 hour Individual Assessment and Meal Planning
 - 10 hours Group Education
 - 1 - 3 hours MNT

- INDIVIDUAL COUNSELING**
(patient who is unable to benefit from group classes)

Specify Type: _____

- Type 1 Diabetes
- Type 2 Diabetes
- Gestational Diabetes

Specify Limitation or Impairment: _____

INSULIN START/CHANGES

Type: _____

Dose: _____

Time: _____

- Diabetes Educator to assist in insulin adjustment +/- 10% of prescribed dose

Other Risk-Reduction Health Management Programs

ACT! Program – The medical fitness program run by cardiac rehabilitation staff. Patients in this program have access to supervised exercise up to 4 times per week, health coaching, an individualized home exercise plan, and ongoing education in lifestyle modification and risk reduction.

Body Balance – Free bi-weekly chair exercise class for seniors and those with limited mobility

Physician Name: _____

Date: ____ / ____ / ____ Time: _____

Signature (required): _____

Phone: _____



**Diabetes and Nutrition
Counseling Referral**

PATIENT IDENTIFICATION LABEL